



The Health and Well-Being of Aboriginal Children and Youth in British Columbia

June 2002



DOC
BC
C50422
D:H42
2002
c.3



Ministry of Children
and Family Development

JUNE 01, 2002

THE HEALTH & WELL-BEING OF ABORIGINAL CHILDREN AND YOUTH IN BRITISH COLUMBIA

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

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Introduction

The purpose of this document is to report on selected health and well-being indicators of Aboriginal children and youth in British Columbia. In 1999, the then Ministry for Children and Families developed a Strategic Plan for Aboriginal Services, which proposed a broad framework for helping the ministry improve its relationship with Aboriginal communities. The framework required the ministry to develop a capacity for, and an understanding of, the various needs and aspirations of the Aboriginal communities with whom they work on a daily basis. Some of the priorities set in the framework include improved capacity within Aboriginal communities to deliver services, improved service to Aboriginal clients and coordination of efforts at all levels of government to support Aboriginal services.

The Strategic Plan also called for monitoring and reporting of the progress toward the goals outlined in the plan, using the Performance Management Framework developed by the ministry. This report is a starting point towards fulfilling this commitment.

The report uses extensive data on the Status Indian (SI) population. Although there is an interest in the health status and well-being of all aboriginal peoples, consistent and relatively reliable data exist primarily for SI, who makes up approximately 65% of all British Columbia's Aboriginal population*. Therefore, this report uses SI data as a close proxy for indicators of the Aboriginal population-based health outcomes in British Columbia. Throughout the report, the terms SI and the Aboriginal people are used interchangeably, but specific identification is made when the population reported is broader than SI.

The report draws from several sources including the 1996 Census, British Columbia Vital Statistics Agency, British Columbia Ministry of Education, the Ministry of Health Services Data Warehouse, and statistics collected within the Ministry of Children and Family Development. Included in this report are findings from the McCreary Center Society report entitled *Raven's Children: Aboriginal Youth Health in British Columbia*, which analyzed the responses to the 1998 Second Adolescent Health Survey of 1,700 students who self-identified as being Aboriginal. However, caution should be exercised interpreting these results, as the youth in this study were not necessarily representative of Aboriginal youth as a whole in British Columbia. Aboriginal youth are known to leave school at a younger age than the general population and therefore outcomes often associated with children leaving school before completion are not fully captured in the survey.

The report also presents provincial level data showing a population profile of British Columbia Aboriginal people, comparing the indicators for the aboriginal population with the rest of the British Columbia population. Where available, regional level data showing regional trends and comparisons of rates among regions are also presented. Indicators presented in this report, such as live birth rates, low birth weight rate, pre-term birth rates, births to teenage mothers rates and age-specific fertility rates, are commonly accepted measures of community health.

This report is intended as an initial tool for Ministry of Children and Family Development (MCFD) staff and partners to help understand the unique health and well-being challenges facing British Columbia's Aboriginal child and youth population. Given the fact that approximately 40% of the children in the care of the ministry are aboriginal, it is important that staff understand the underlying characteristics of the families in the Aboriginal community.

* Aboriginal population is about 80% North American Indians, 18% Metis, and 1% Inuit (1996 Census). Any of the groups can be Status Indian or non-Status Indian.

ORGANIZATION of the Report

The report follows the format of the Ministry for Children and Families report *Measuring Our Success- A Framework for Evaluating Population Outcomes**. The population indicators have been organized according to the stated goals in order to facilitate more effective monitoring and reporting of Aboriginal population outcomes of importance to the Ministry for Children and Families. In this report three of the four goals that were directly related to the health and well-being of the Aboriginal children and youth were translated into a set of outcome objectives, or desired results, and each outcome objective was represented by a series of measurable indicators. The report contains the most recent available and accessible provincial and regional data for each indicator. Regional data are represented by the MCFD regions.

The last section of the report covers indicators that influence the health and the wellbeing of British Columbia Aboriginal Children and Youth. These include data on the demographic and socio-economic characteristics of the Aboriginal population as a whole.

Due to the relative scarcity and potential inconsistency of data on Aboriginal peoples in British Columbia, the indicators covered in this report are not as extensive as the ones covered in *Measuring Our Success*.

If you require further information, clarification of terms, or would like to comment on the content of the report, please contact.

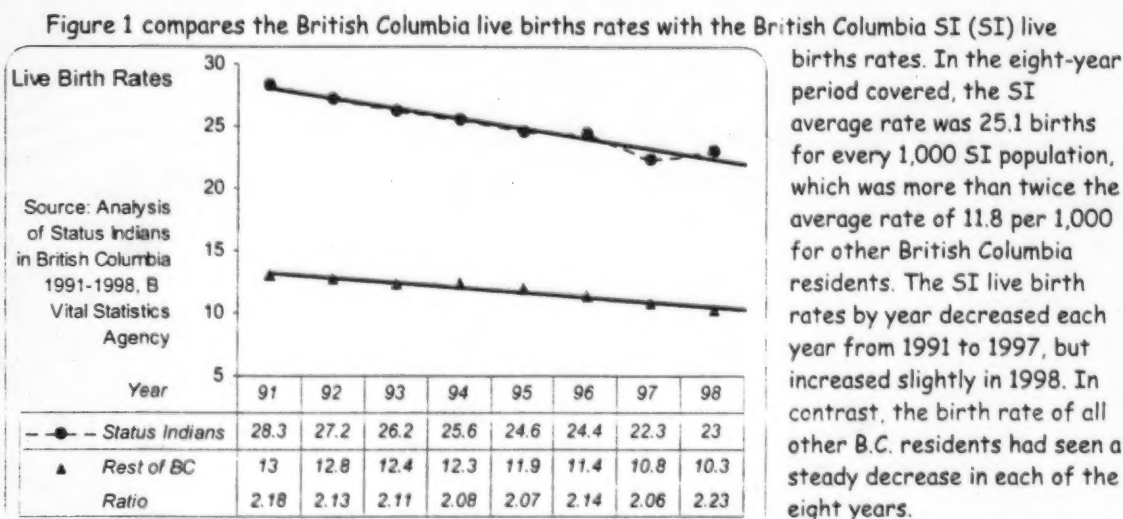
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* *Measuring Our Success- A Framework for Evaluating Population Outcomes* was first published in October 1997. It contained over 100 indicators, which measure changes in the population outcomes of 16 objectives established by the Ministry of Children and Family Development (MCFD) to achieve four population based goals. The 2nd Edition was published in January 2000. The 3rd Edition, now titled "*Measuring Success A Report on Child and Family Outcomes*" are available on the MCFD's Website at: <http://www.mcf.gov.bc.ca/pubs/title>.

Goal 1: To Promote the Healthy Development of Children, Youth and Families– Key Findings

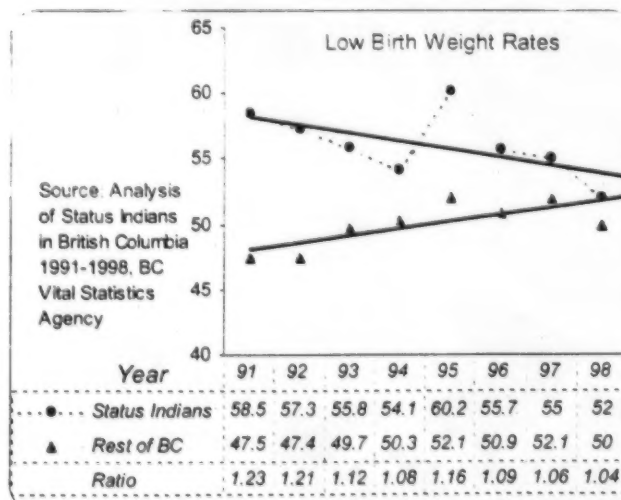
Objective: To Optimize the Health of Babies at Birth

Live Birth Rates (Figure 1)



Low Birth Weight Rate (Figure 2)

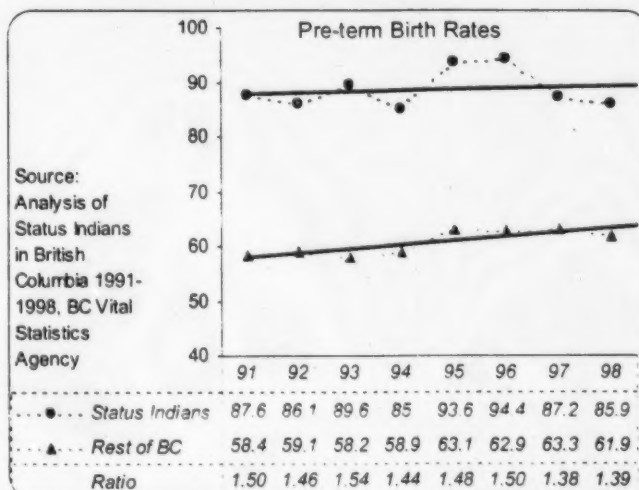
Birth weight has long been accepted as the single best indicator of the health status of newborns and their subsequent health and well being. Evidence indicates that a birth weight under 2,500 grams poses a risk to the newborn. Figure 2 compares the Low Birth Weight (LBW) rates of the SI with the rates for the rest of British Columbia. Over the eight-year period, the SI LBW rate was 56.1 per 1,000 live births, which was slightly higher than the LBW rate of 50 among the British Columbia general population. It is important to note that while LBW rates of the British Columbia general population has increased over this period, the SI LBW rates showed a decrease.



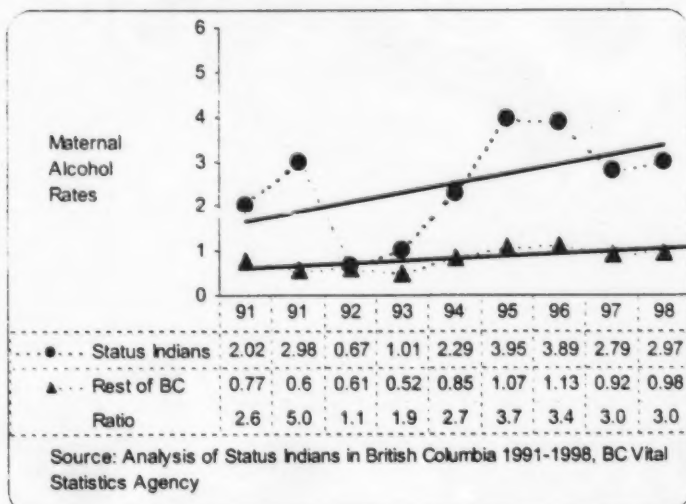
Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Pre-term Birth Rates (Figure 3)

Figure 3 shows the Pre-term Birth Rates for British Columbia's SI compared to the rest of British Columbia population. Pre-term birth babies are associated with higher rate of perinatal illness, neonatal death and long term complications, including disabilities. Over the eight-year period, the average SI premature (<37 weeks gestation) birth rate was 88.7 per 1,000 live births, which was almost 50% higher than the rate of 60.7 for the rest of British Columbia population. This difference, however, has become less apparent in recent years.



Maternal Alcohol Rates (Figure 4)

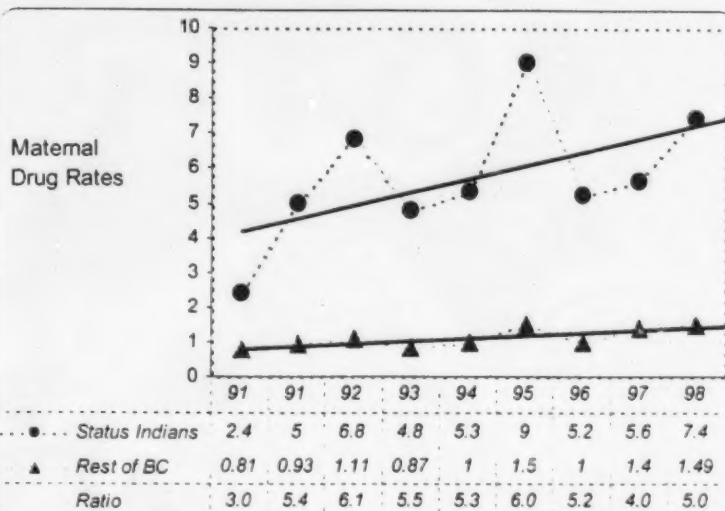


Maternal Alcohol rates denote prenatal maternal alcohol use /abuse /addiction as reported to Vital Statistics by physicians on the Physician's Notice of Birth. The rate is per 1,000 live births. The rate of reported Fetal Alcohol Syndrome (FAS) often significantly under-reports the actual rate due to difficulty diagnosing the conditions at birth, therefore, British Columbia Vital Statistics Agency captures these data as a way to track the potential for development of FAS in newborns. As can be seen from Figure 4, except for 1992, the

maternal alcohol rates are consistently higher for the SI than for the rest of British Columbia women, and have been three or more times greater for the SI population for the period 1994-1998.

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Maternal Drug Rates (Figure 5)

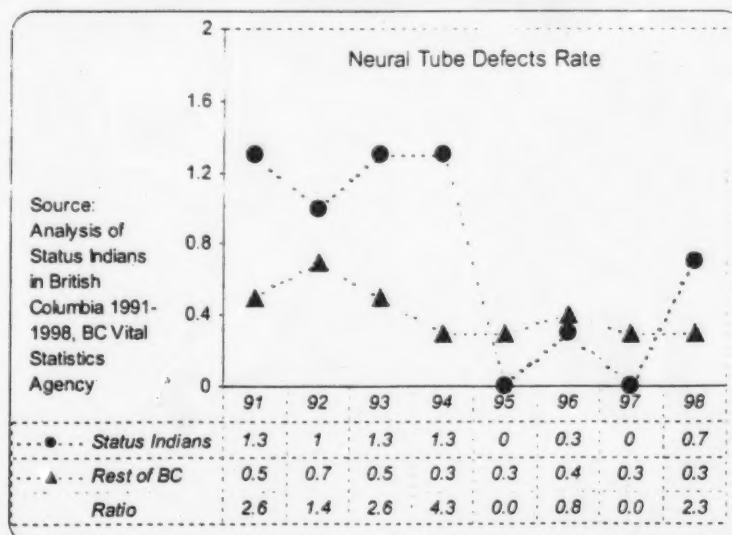


Source: Analysis of Status Indians in British Columbia 1991-1998, BC Vital Statistics Agency

Maternal drug rates are the number of drug abuse /dependence /addiction of birth mothers per 1,000 live births, as indicated on Physician Notifications of Birth forwarded to British Columbia Vital Statistics Agency. It is often used as a proxy measure for Infant Drug Withdrawal Syndrome rate. Over the reported period, the maternal drug rates for SI were considerably higher than the non-Aboriginal population, ranging from 3 times to 6 times as high. For both populations the rates are increasing, but are growing at a faster rate for the SI population.

Neural Tube Defects Rates (Figure 6)

Neural tube defects are birth anomalies diagnosed at birth and are measured per 1,000 live and still births. The neural tube defect cases for the SI were so small that the changes over time may be due to random variability. Overall, there is a downward trend for both groups, although on average, the rate is higher for the SI population.

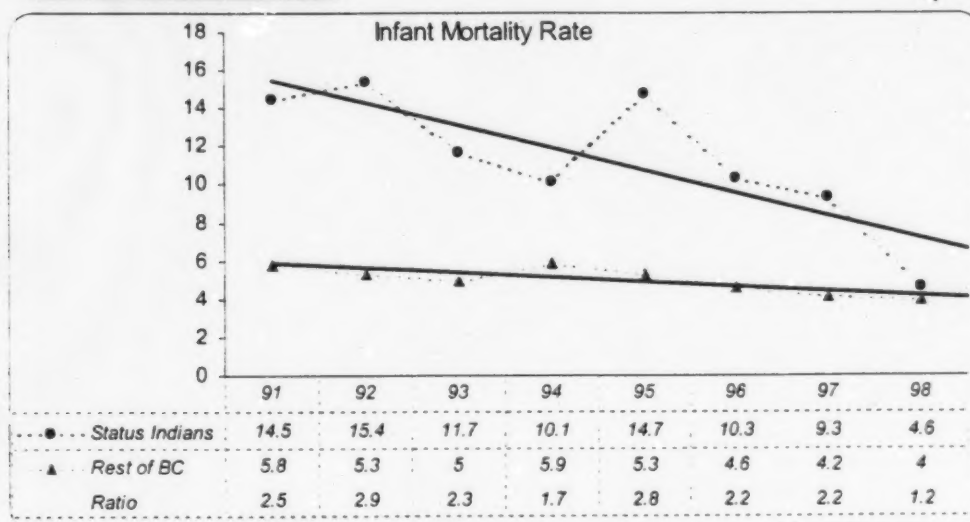


Source: Analysis of Status Indians in British Columbia 1991-1998, BC Vital Statistics Agency

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Infant mortality is defined as the number of deaths of a child under one year of age per 1,000 live births. It is a fundamental measure of health. It is associated with inadequate prenatal care, low birth weight, mother's age and mother's socioeconomic status.

Infant mortality (Figure 7)

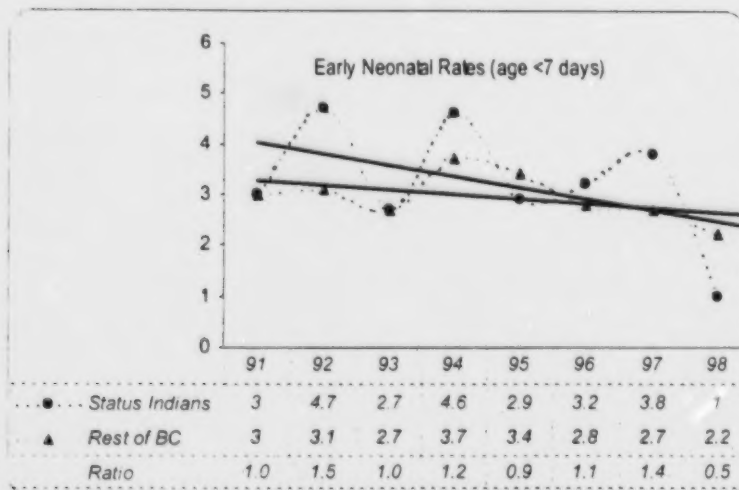


Source: Analysis of SI in British Columbia 1991-1998, British Columbia Vital Statistics Agency

- Overall, there has been a decrease in infant mortality rates among the SI population in the eight-year period, from 14.5 per 1,000 live births in 1991 to 4.6 in 1998. This rate (4.6) is not much higher than that of the infant mortality for general British Columbia rate of four in 1998. On average, over the eight-year period the SI rate was twice the rate for the rest of the British Columbia population.

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Early Neonatal Mortality Rate (Figure 8)

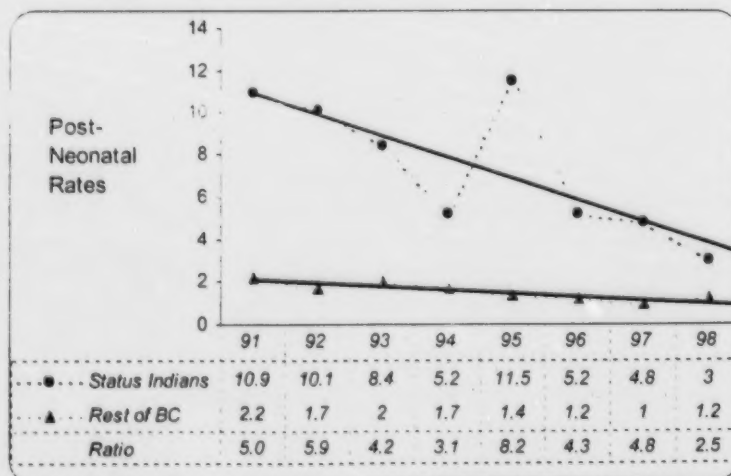


The difference in death rates of Early Neonatal Mortality (defined as infant deaths less than 7 days of age per 1,000 live births) is minimal between the SI and the rest of British Columbia population. The 8-year average of Early Neonatal Mortality rate for SI (3.2) were only slightly higher than that for all other British Columbia residents (3.0).

Source: Analysis of SI in British Columbia 1991-1998, British Columbia Vital Statistics Agency

Post Neonatal Mortality Rates (Figure 9)

Post neonatal mortality rate is defined as the rate of deaths of infants older than 28 days but younger than 365 days per 1,000 live births. The post neonatal mortality rates were consistently higher for SI than for all other B.C. residents over the eight-year period, ranging from 8 times as high in 1995 to 2.5 times as high in 1998. While the rates for both groups are both falling, the SI rate is falling more rapidly than the rest of the British Columbia population.



Source: Analysis of SI in British Columbia 1991-1998, British Columbia Vital Statistics Agency

Goal 1: To Promote the Healthy Development of Children, Youth and Families Key Findings

SIDS

Sudden Infant Death Syndrome (SIDS) rates refers to the sudden and unexpected death of an apparently healthy infant under one year of age, which remains unexplained even after a full investigation.

Although the underlying causes of SIDS remain uncertain, research has demonstrated that infants who sleep on their backs have the lowest risk of SIDS. Other factors potentially associated with an elevated risk of SIDS include smoking during pregnancy and exposure to second-hand smoking after birth.

Sudden Infant Death Syndrome Rates (Figure 10)

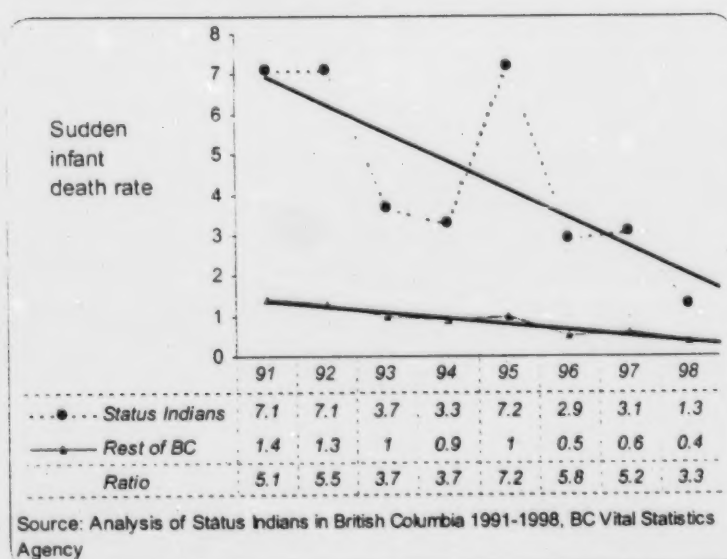


Figure 10 compares SIDS rate between the SI and rest of British Columbia population. According to the British Columbia Vital Statistics Agency, SIDS was the leading cause of infant mortality in the SI population, accounting for 40% of all SI infant deaths. The infant mortality rate for SIDS in the SI population was more than seven times the rate for all other British Columbia infants in 1995. Since then, the rate has dropped to just over three times in 1998. There are downward trends for both populations, although the trend

for the SI population is greater on average, but more volatile due to the effect of smaller numbers on rates.

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Low Birth Weight Rates by Region (Table 1)

British Columbia SI Low Birth Weight Rates By Region										
per 1000 live births										
Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	Average
Kootenays	21.7	21.7	42.6	63.8	30.8	52.6	37.7	25.0	65.6	40.2
Okanagan	38.5	19.9	46.4	27.5	44.0	55.3	64.1	19.0	48.7	40.3
Thompson/Cariboo	52.8	71.4	80.7	56.0	54.2	65.5	68.8	55.1	53.4	62.0
Upper Fraser	59.8	115.8	47.1	50.5	71.0	60.0	44.6	63.7	69.1	64.6
South Fraser	63.5	17.7	31.3	15.6	51.3	13.1	43.2	61.5	62.5	40.0
Simon Fraser	18.7	51.7	80.0	61.4	45.8	77.4	87.8	60.6	68.8	61.3
Coast/North Shore	22.7	28.8	36.0	58.8	54.7	65.0	42.9	30.5	48.8	43.1
Central/Upper Island	59.1	67.4	50.1	45.5	66.9	80.9	55.1	56.5	45.7	58.6
North	60.4	51.4	37.4	66.5	40.8	52.1	45.9	59.7	42.7	50.8
Vancouver/Richmond	64.1	64.5	99.4	67.4	80.7	56.7	73.1	66.1	53.6	69.5
Capital	79.5	57.7	89.7	81.8	31.9	56.5	60.1	59.5	61.0	64.2
British Columbia	55.6	58.2	56.9	56.2	53.4	60.0	56.1	55.4	52.1	56.0
Coefficient of Variation (C.V.)*	36.8%	50.2%	42.7%	33.5%	29.6%	29.4%	27.9%	30.8%	18.1%	

Source: British Columbia Vital Statistics Agency, unpublished table prepared in March 2000. Uncoded cases are not included.

***Coefficient of Variation is** a measure of how different the regions are from the provincial averages, the larger the number, the greater the variation in the health indicator among region, showing that health is not equally shared throughout the province. C.V. allows us to monitor the regional differences concerning the indicator concerned.

- On average, rates are highest in the urban regions of Vancouver/Richmond, Capital, and the more rural region of Central/Upper Islands.
- High rates are also prevalent in the Thompson/Cariboo and Upper Fraser Regions.
- The lowest rates are found in the South Fraser, Kootenays, Okanagan and Coast/North Shore regions.
- The C.V. measures indicate that the gaps in the LBW rate among the regions over the reported time is narrowing, at the same time as the trend in the LBW rates is falling. This indicates that the average fall in LBW rate is being experienced, on average, by all regions.

Goal 1: To Promote the Healthy Development of Children, Youth and Families Key Findings

Pre-term Birth Rates by Region (Table 2)

British Columbia SI Pre-term Birth Rates by Region										
per 1000 live births										
Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	Average
Kootenays	21.7	43.5	21.3	85.1	61.5	52.6	56.6	50.0	114.8	56.3
Okanagan	64.1	26.5	53.0	60.4	82.4	66.3	70.5	31.6	64.9	57.7
Thompson/Cariboo	98.3	79.1	109.4	80.0	83.7	78.5	86.0	85.2	76.3	86.3
Upper Fraser	108.7	136.8	83.8	96.0	100.6	85.0	58.0	63.7	78.3	90.1
South Fraser	71.4	53.1	54.7	39.1	89.7	71.9	64.7	84.6	62.5	65.7
Simon Fraser	28.0	94.8	96.0	110.4	98.0	122.6	108.1	66.7	93.8	90.9
Coast/North Shore	113.6	57.6	43.2	88.2	101.6	122.0	57.1	68.7	105.7	84.2
Central/Upper Island	107.9	110.5	100.2	105.0	103.4	121.4	135.0	102.2	111.3	110.8
North	82.0	79.9	66.3	81.6	65.9	81.9	80.0	87.7	75.4	77.9
Vancouver/Richmond	128.1	112.9	121.8	92.2	103.2	127.7	138.5	118.9	89.3	114.7
Capital	132.5	76.9	124.1	125.8	44.6	62.1	125.7	131.0	109.8	103.6
British Columbia	94.3	87.3	85.9	88.5	84.2	93.2	94.9	87.1	86.0	89.0
Coefficient of Variation (C.V.)*	39.7%	37.8%	39.6%	26.7%	23.6%	29.9%	33.9%	33.5%	22.2%	

Source: British Columbia Vital Statistics Agency, unpublished table prepared in March 2000. Uncoded cases are not included.

**Coefficient of Variation is a measure of how different the regions are from the provincial averages, the larger the number, the greater the variation in the health indicator among region, showing that health is not equally shared throughout the province. C.V. allows us to monitor the regional differences concerning the indicator concerned.*

- The highest rates are found in the southwest of the Province, in Vancouver/Richmond and the whole of Vancouver Island.
- The lowest rates are in the south central and southeast in the Kootenays and Okanagan Regions.
- The C.V. measures indicate that the variations in the pre-term birth rate among the regions over the reported time is narrowing somewhat, although the rate overall shows a gradual increase.

Goal 1: To Promote the Healthy Development of Children, Youth and Families Key Findings

SIDS Rates by Region (Table 3)

SI SIDS Rates by Regions									
Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998
Kootenays	21.7	21.7	0	0	0	35.1	0	0	0
Okanagan	0	0	0	0	0	0	0	0	0
Thompson/Cariboo	7.2	7.7	0	0	2.5	0	2.5	0	0
Upper Fraser	5.4	15.8	15.7	5.1	5.9	5.0	4.5	0	4.6
South Fraser	7.9	8.9	0	0	0	6.5	7.2	0	0
Simon Fraser	0	0	8.0	0	6.5	12.9	0	6.1	0
Coast/North Shore	7.6	7.2	0	0	7.8	8.1	0	0	0
Central/Upper Island	18.3	9.4	13.5	13.9	4.1	11.6	9.5	4.4	4.0
North	4.6	6.9	3.6	2.5	2.4	6.2	0	5.1	1.3
Vancouver/Richmond	3.6	9.7	19.2	0	6.5	7.1	3.9	8.8	0
Capital	0	0	6.9	6.3	0	11.3	0	0	0
British Columbia	7.1	7.6	7.1	3.7	3.3	7.3	2.9	3.1	1.3
Coefficient of Variation (C.V.)*	100.8%	88.1%	101.1%	119.3%	92.5%	130.2%	116.7%	105.0%	133.1%

Source: British Columbia Vital Statistics Agency, unpublished table prepared in March 2000. Uncoded cases are not included.

- SIDS refers to the sudden and unexpected death of an apparently healthy infant under year of age, which remains unexplained even after a full investigation.
- Over the 9-year period, SIDS rates among the British Columbia Aboriginal population has dropped dramatically from about seven diagnoses in every 1,000 live births to around three diagnoses.
- C.V. measures indicate that the variations in the SIDS rate among the regions are relatively large. This is due to the relatively small number of events, especially in the case of regional data.
- Geographically, the Okanagan has not recorded any SIDS deaths in the 9-year period, while the Kootenays and Capital regions had deaths occurring in 3 of the 9 years.
- Central/Upper Island recorded SIDS deaths in all 9 years and the north and Upper Fraser Regions in 8 of the 9 years.

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Maternal Alcohol Counts by Region (Table 4)

British Columbia SI Maternal Alcohol (potential additional FAS) Caseloads By Region									
Regions	1991	1992	1993	1994	1995	1996	1997	1998	total
Kootenays	0	0	1	0	0	0	0	0	1
Okanagan	0	0	0	1	1	1	0	0	3
Thompson/Cariboo	2	0	0	1	1	3	0	1	8
Upper Fraser	0	0	0	0	0	0	0	1	1
South Fraser	0	0	0	0	0	0	1	2	3
Simon Fraser	1	0	0	1	0	1	0	0	3
Coast/North Shore	0	1	0	0	0	0	0	0	1
Central/Upper Island	2	0	2	1	3	1	3	1	13
North	1	0	0	1	1	2	1	1	7
Vancouver/Richmond	0	0	0	2	6	4	3	3	18
Capital	3	1	0	0	0	0	0	0	4
British Columbia	9	2	3	7	12	12	8	9	62

Source: British Columbia Vital Statistics Agency, unpublished table prepared in March 2000. Uncoded cases are not included.

- Maternal alcohol denotes prenatal maternal alcohol use/abuse/addiction as reported to Vital Statistics by physicians on the Physician's Notice of Birth.
- As the rate of FAS tends to significantly under-represent the actual rate due to difficulty diagnosing the disease at birth, the British Columbia Vital Statistics Agency captures maternal alcohol rate as a way to track the potential for development of FAS.
- In the table, counts instead of rates are being reported due to small numbers reported.

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Maternal Drug Use Counts by Region (Table 5)

British Columbia SI Maternal Drug Use (potential infant drug withdrawal) Caseloads By Region									
Regions	1991	1992	1993	1994	1995	1996	1997	1998	total
Kootenays	0	0	0	0	0	0	0	0	0
Okanagan	0	0	0	0	2	2	1	1	6
Thompson/Cariboo	1	0	0	0	1	1	1	0	4
Upper Fraser	0	0	0	0	1	0	0	3	4
South Fraser	0	1	0	1	0	0	1	3	6
Simon Fraser	0	1	3	1	0	1	0	1	7
Coast/North Shore	0	0	0	0	2	0	0	0	2
Central/Upper Island	2	0	0	0	2	1	1	2	8
North	1	0	0	1	2	2	4	3	13
Vancouver/Richmond	11	16	10	13	15	8	8	9	90
Capital	0	2	0	0	1	1	0	0	4
British Columbia	15	20	13	16	26	16	16	22	144

Source: British Columbia Vital Statistics Agency, unpublished table prepared in March 2000. Uncoded cases are not included.

- Maternal drug refer to the drug abuse /dependence /addiction of birth mothers as indicated on Physician Notifications of Birth forwarded to British Columbia Vital Statistics Agency.
- Maternal drug rates, often computed as per 1,000 live births, are a proxy measure for Infant Drug Withdraw Syndrome.
- In the table above, numbers instead of rates are reported because of small numbers reported. Vancouver/Richmond Region had the most case recorded (90 cases or 63%), followed by the North Region (13 cases or 9%).

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Objective: To Optimize the Health and Well Being of Infants and Children

Child Mortality-External Causes (Figure 11)

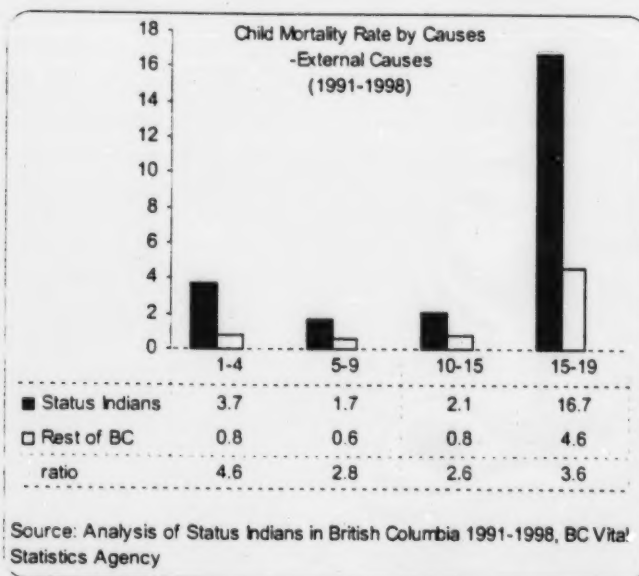
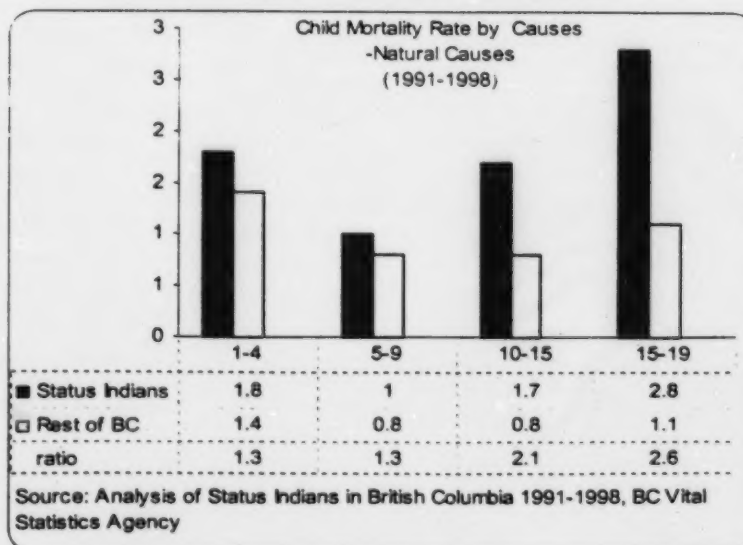


Figure 11 compares the rates of deaths due to external causes between the SI and the rest of residents in British Columbia. Child mortality rates (per 10,000) from external causes for SI were consistently higher than for the rest of British Columbia, ranging from over 2.5 times (aged 5-9) to over 4.5 times (aged 1-4).

Most of the deaths from external causes are preventable, including motor vehicle traffic accident fatalities, accidental deaths from drowning, poisoning, falls, fire, and deaths from intentional injuries such as suicide and homicide.

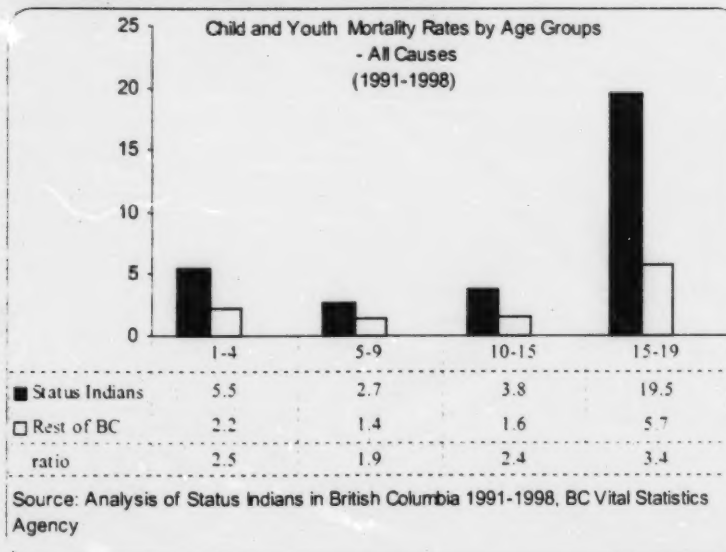
Child Mortality - Natural Causes (Figure 12)

Child mortality rates for natural causes are higher for SI than for the rest of British Columbia population, ranging from 1.3 times the rest of British Columbia rate for children aged 1-9 to slightly less than 3 times for children aged 15-19.



Goal 1: To Promote the Healthy Development of Children, Youth and Families Key Findings

Child Mortality- All Causes (Figure 13)

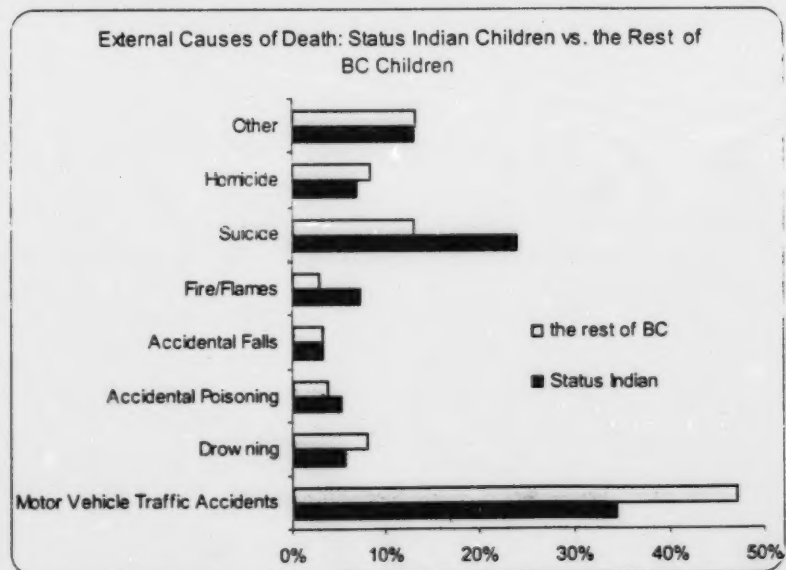


Child mortality rates for all causes are higher among the SI than the rest of British Columbia population for all age groups. Most noticeably, for children aged 15-19, deaths due to all causes was 19.5 per 10,000 population in the cohort age group, which is 3.4 times the non-Aboriginal population rate (5.7).

External Causes of Deaths by Cause (Figure 14)

Figure 14 demonstrates the proportions of different categories of external death to SI children as compared with that of the rest of British Columbia children (0-19). For both groups, motor vehicle traffic accidents are the most reported cause of death. However, SI children exceed the rest of British Columbia children in the categories of Suicide, Fire/Flames, and Accidental Poisoning.

Source: Analysis of SI in British Columbia 1991-1999, British Columbia Vital Statistics Agency



Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Detailed External Causes of Death by Age Group (Table 6)

External Causes of Death by Age Group: SI Children and Youth									
British Columbia 1991-1999									
External Causes of Death	<1	1-4	5-9	10-14	15-19	total	% (SI)	% (the rest of British Columbia)	Ratio
Motor Vehicle Traffic Accidents	2	4	5	10	63	84	34.3%	47%	0.73
Drowning	0	5	3	0	6	14	5.7%	8%	0.72
Accidental Poisoning	0	0	0	3	10	13	5.3%	4%	1.38
Accidental Falls	1	1	1	0	5	8	3.3%	3%	1.00
Fire/Flames	1	8	5	0	4	18	7.3%	3%	2.48
Suicide	0	0	0	7	52	59	24.1%	13%	1.83
Homicide	2	6	1	0	8	17	6.9%	8%	0.83
Other	6	8	3	4	11	32	13.1%	13%	0.98
All External Causes	12	32	18	24	159	245	100.0%	100%	
% (SI)	4.9%	13.1%	7.3%	9.8%	64.9%	100%			
% (the rest of British Columbia)	4.0%	9.0%	8.2%	12.3%	66.4%	100%			
Ratio	1.21	1.46	0.89	0.80	0.98				

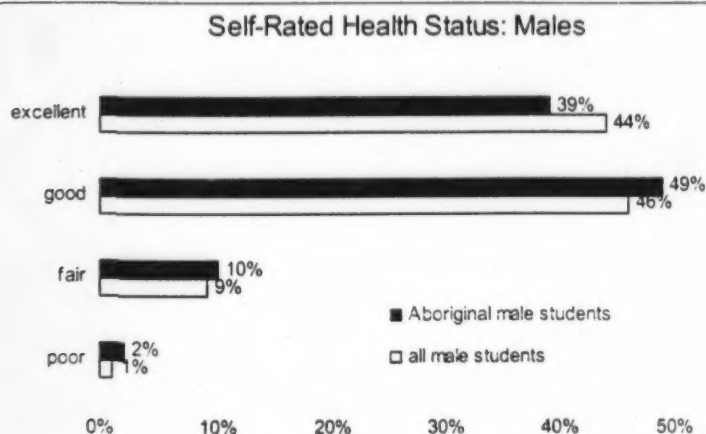
Source: Analysis of SI in British Columbia 1991-1999. British Columbia Vital Statistics Agency.

- Deaths due to external causes are per 10,000 age specific population. Deaths from external causes include motor vehicle traffic accident fatalities, accidental deaths from drowning, poisoning, falls, fire, and deaths from intentional injuries such as suicide and homicide
- Close to 2/3 of Aboriginal children and youth deaths due to external factors occurred with youth.

Goal 1: To Promote the Healthy Development of Children, Youth and Families Key Findings

Objective: To Optimize the Health and Well-Being of Youth

Self-Rated Aboriginal Health Status: Males (Figure 15)

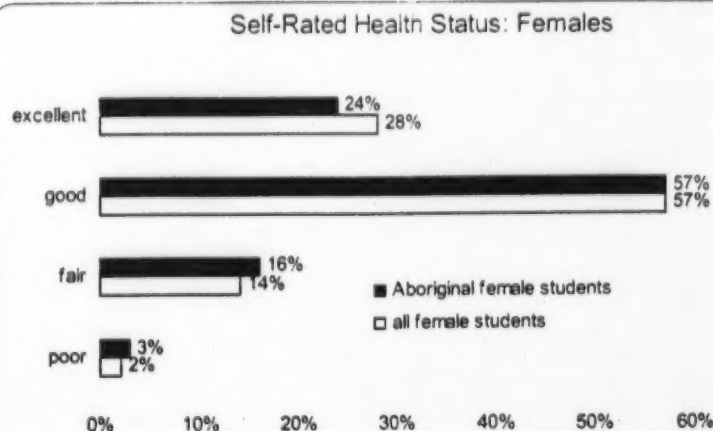


Source: Adolescent Health Survey (AHS), The McCreary Centre Society, 1998. *Raven's Children: Aboriginal Youth Health in BC*; *Health Connections: Listening to BC Youth*

Figure 15 depicts the Self-Rated Health Status of the male Aboriginal and all other male students (aged 12-18) in British Columbia. In answering the question "...how would you describe your health?" most Aboriginal male students (88%) consider their physical health to be good or excellent, which is slightly lower than British Columbia average of 90% for all British Columbia male students.

Self-Rated Health Status: Females (Figure 16)

Although the majority of female students consider themselves in good / excellent health, overall, female students appear to be less satisfied with their health status than male students. In British Columbia, a total of 81% Aboriginal female students reported their health as being good or excellent, which was 4 percentage points lower than the British Columbia average for female students.



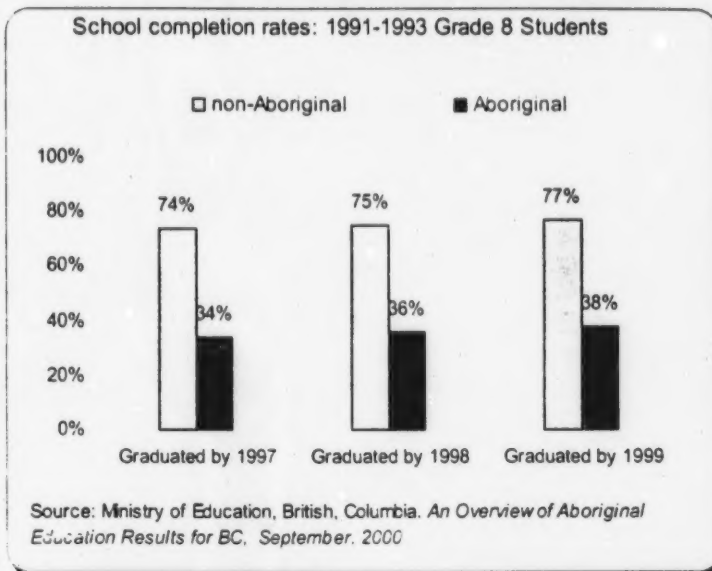
Source: Adolescent Health Survey (AHS), The McCreary Centre Society, 1998. *Raven's Children: Aboriginal Youth Health in BC*; *Health Connections: Listening to BC Youth*

Goal 1: To Promote the Healthy Development of Children, Youth and Families Key Findings

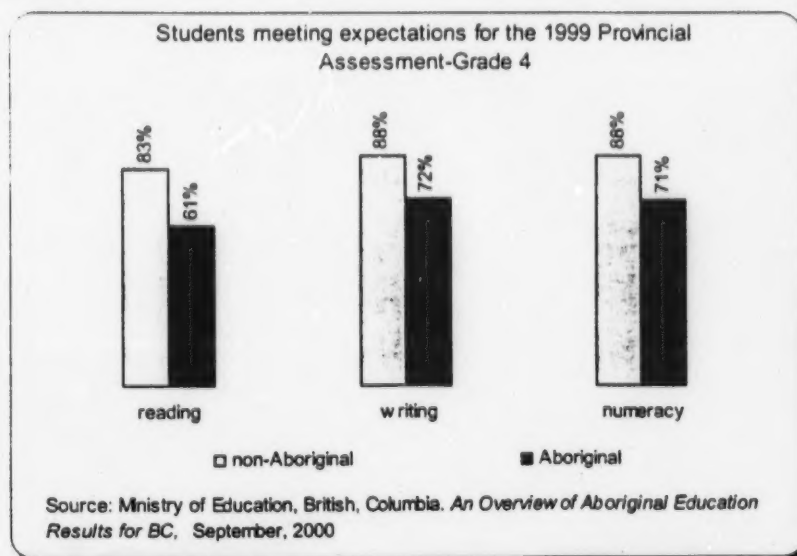
High School Completion Rates (Figure 17)

High school completion rate measures the number of current school year graduates as a proportion of the number of students entering Grade 8 six years ago.

From 1997 to 1999, the Aboriginal school completion rate increases from 34% to 38%, an increase of nearly 12%. At the same time, the non-Aboriginal school completion rate increases from 74% to 77%, an increase of nearly 4%. The Aboriginal school completion rate is still less than half of the non-Aboriginal school completion rates.



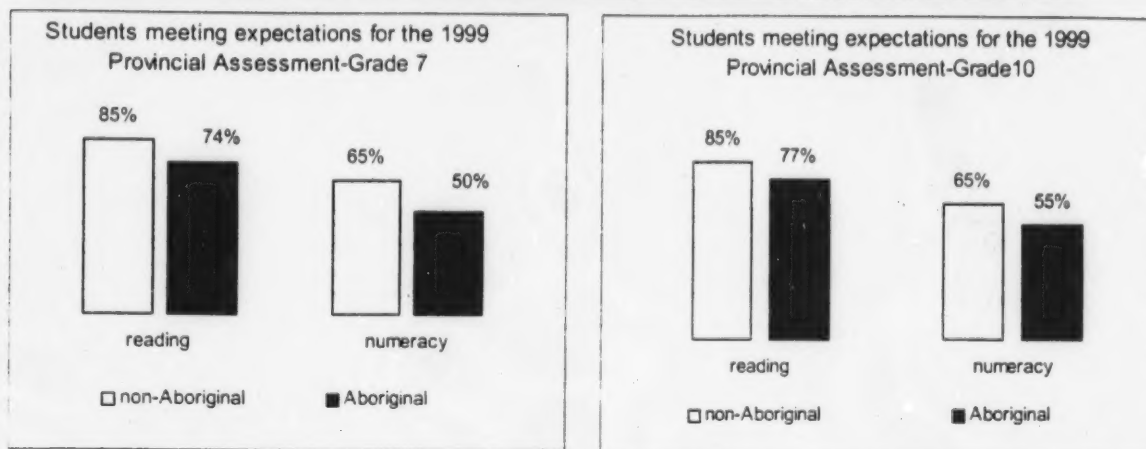
Students meeting expectations of Provincial Assessment-Grade 4 (Figure 18)



For Grade 4 Aboriginal student, results on the 1999 Foundation Skills Assessment (FSA) are lower than that of the non-Aboriginal students. The differences are 22%, 16% and 17% points respectively for reading, writing and numeracy

Goal 1: To Promote the Healthy Development of Children, Youth and Families Key Findings

Students Meeting Expectations of Provincial Assessment-Grade 7 & 10 (Figure 19)

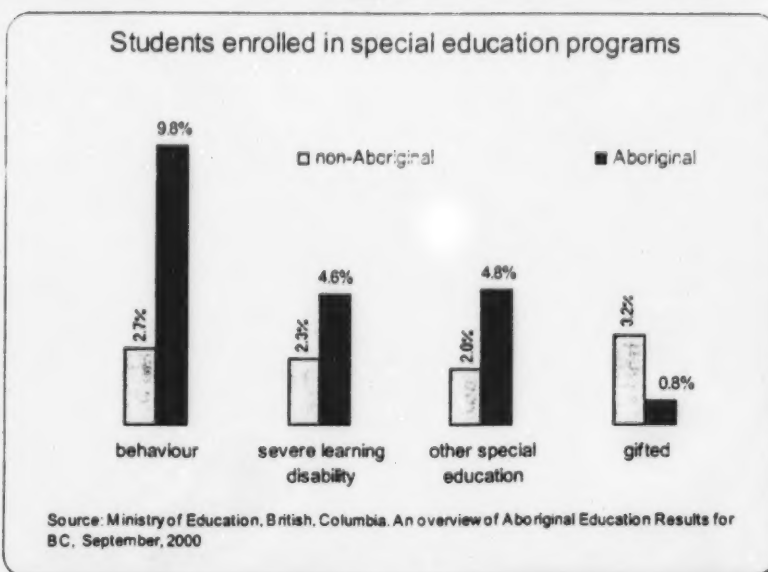


Source: Ministry of Education, British Columbia. An overview of Aboriginal Education Results for British Columbia, 2000

- At Grades 7 & 10, Aboriginal student results on the 1999 FSA continue to be lower than the results for non-Aboriginal students, with differences of 11% and 15%, although it appears that the differences are narrowing between the two groups. Part of this apparent narrowing of the gap may be related to a higher dropout rate for Aboriginal students after Grade 10.

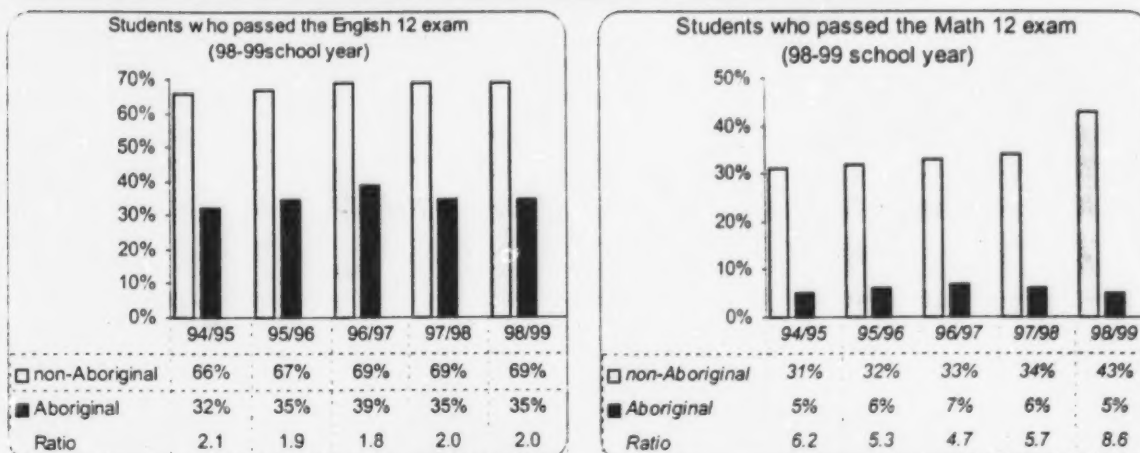
Percentages of Students Enrolled in Special Education Programs (Figure 20)

Aboriginal students are disproportionately represented in all Special Education categories with the exception of the Gifted category. Many Special Education designations arise from preventable medical conditions (e.g. FAS).



Goal 1: To Promote the Healthy Development of Children, Youth and Families Key Findings

Students Who Passed the English 12 and / or Math 12 Exams (Figure 21)



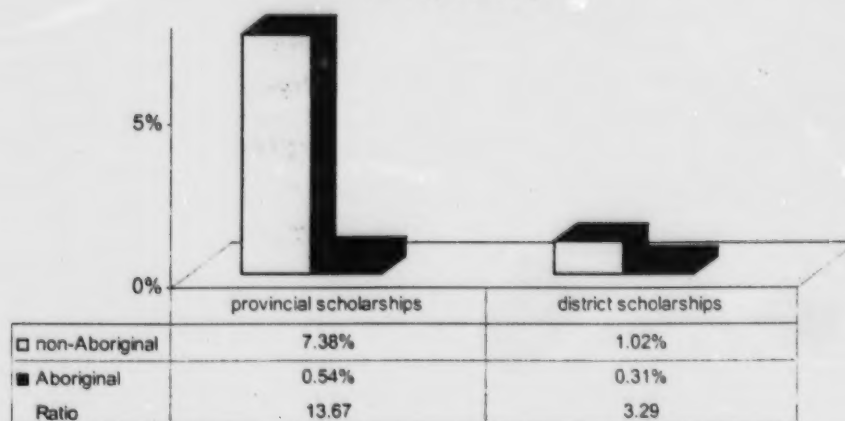
Source: Ministry of Education, British Columbia. An overview of Aboriginal Education Results for British Columbia, September, 2000

- In British Columbia, significantly fewer Aboriginal students passed the English 12 Provincial Exam than non-Aboriginal students. For 1998/99 school year, 35% of Aboriginal students passed the Exam compared to 69% for non-Aboriginal students. In other words, non-Aboriginal students did 2 times better.
- In 1998/99 school year 995 out of 2359 Grade 12 Aboriginal students or 42% participated in the English 12 Provincial Exam. Of the Aboriginal students who took the Exam, 82% passed, compared to 89% passing rate for the non-Aboriginal students who took the exam.
- Significantly fewer Aboriginal students passed the Math 12 Provincial Exam. For 1998/99 school year, for example, 5% of Aboriginal students passed the Exam compared to 43% for non-Aboriginal students. In other words, non-Aboriginal students performed 8.6 times better.
- In 1998/99 school year 204 out of 2359 Grade 12 Aboriginal students or 8.6% participated in the Math 12 Provincial Exam. Of the Aboriginal students who took the Exam, 71% passed, compared to an 84% passing rate for the non-Aboriginal students who took the exam.

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Percent of Students Awarded Provincial or District Scholarships (Figure 22)

Percent of former grade 8 students awarded provincial or district scholarships (1999)



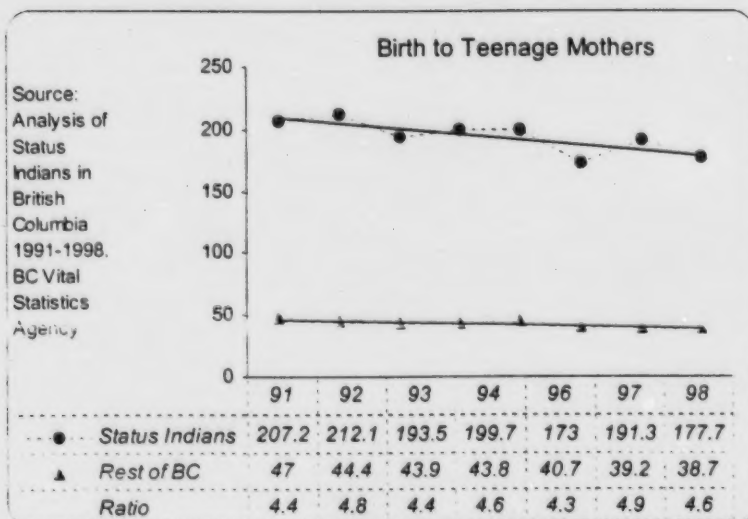
Source: Ministry of Education, British Columbia. An overview of Aboriginal Education Results for BC, September, 2000

- Ministry of Education grants \$1,000-2,000 Provincial scholarships to students who meet the established criteria on provincial exams. The above chart gives a point in time comparison of the proportions of Aboriginal and non-Aboriginal students awarded either provincial or district scholarships.
- Fewer Grade 8 Aboriginal students in 1999 received provincial or school district scholarships. The percentage of non-Aboriginal students receiving Provincial scholarships was 13.7 times better than that of Aboriginal students.
- Generally, the percentages shown in the charts are influenced by both the percentages of former Grade 8 students who graduate and the percentage of students awarded Scholarships. Aboriginal students traditionally have experienced a higher school dropout rate, thus exaggerating the recorded differences.

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Objective: To Reduce Teen Pregnancy

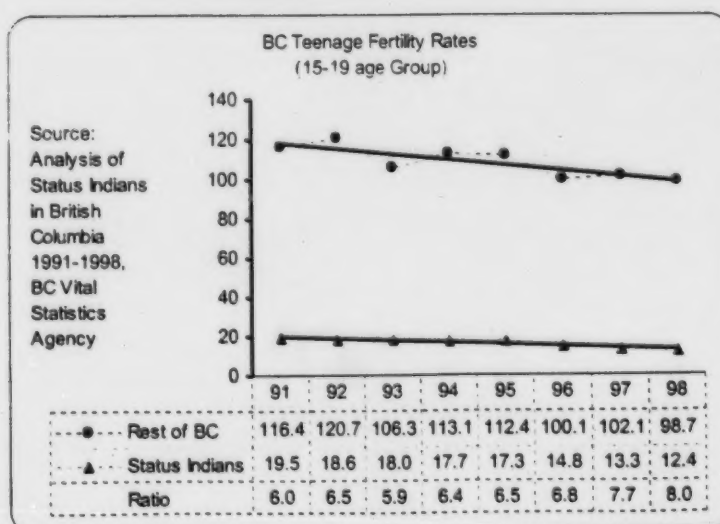
Birth to Teenage Mother (Figure 23)



Birth to Teenage Mother rate is defined as the numbers of births by teenage mothers per 1,000 live births. Figure 23 compares the births to teenage mother rates between the SI and the rest of British Columbia population. Over the 8-year period, on average there were 169 births per year by teenage mothers per 1,000 live births among the SI. This rate is 4.5 times the rest of British Columbia population rate (37). The teenage mother birth rates have decreased steadily between 1991 and 1998, among both the SI population and other B.C. residents.

Age Specific Fertility Rates (Figure 24)

Figure 24 represents Age Specific Fertility Rates (15-19) for SI and all other British Columbia population. Age Specific Fertility Rates are number of births per 1,000 women in an age specific group. Between 1991-1998, live birth rates among teenage girls 15-19 have declined among both SI teenagers and the rest of British Columbia teens. However, the ratio between the two has increased: the live birth rate for SI teenage girls aged 15-19 has increased from about six times that of British Columbia's non-Aboriginal teens in 1991 to nearly eight times the rate 1998.



Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Number of Live Births by Mothers Aged 10-14 by Regions (Table 7)

British Columbia SI # of Live Births by Mothers Age 10-14 by Region										
Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	total
Kootenays	2	0	0	0	0	0	0	0	0	2
Okanagan	0	1	0	2	1	1	0	0	1	6
Thompson/Cariboo	0	1	1	1	3	1	0	0	2	9
Upper Fraser	1	2	0	1	2	0	0	3	2	11
South Fraser	0	1	0	1	0	1	1	0	0	4
Simon Fraser	0	0	0	0	0	0	0	0	2	2
Coast/North Shore	0	2	0	0	1	0	0	0	1	4
Central/Upper Island	2	2	3	4	3	5	4	2	4	29
North	4	7	2	4	5	4	2	6	3	37
Vancouver/Richmond	1	2	4	2	1	2	2	1	0	15
Capital	1	0	1	0	1	0	0	3	1	7
British Columbia	11	18	11	15	17	14	9	15	16	126

Source: British Columbia Vital Statistics Agency, unpublished table prepared in March 2000. Uncoded cases are not included.

- Data represent raw counts of live births to SI teenage mothers (aged 10-14) in the regions between 1990 and 1998.
- Cross-region comparisons are strongly cautioned against due to the uneven distribution of the Aboriginal population across the province.
- Live births to SI teenage mothers (aged 10-14) in British Columbia varies over the period of 1990-1998.
- Thirty-one percent of births to young teens have occurred in the North and 23% in Central Upper Island. This is related to both numbers of young teens as well as accessibility to abortion services.

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Rate of Live Births by Mothers Aged 15-19 by Region (Table 8)

British Columbia SI Rates of Live Births by Mothers Age 15-19 by Region										
Rate are per 1,000 age specific female population										
Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	Average
Kootenays	36.4	54.5	45.5	31.8	54.5	36.4	31.8	18.2	40.9	38.9
Okanagan	91.5	81.4	94.9	105.1	91.5	101.7	71.2	50.8	61.0	83.2
Thompson/Cariboo	170.8	154.2	154.2	156.3	160.4	183.3	122.9	152.1	129.2	153.7
Upper Fraser	101.5	137.3	128.4	164.2	119.4	113.4	158.2	125.4	119.4	129.7
South Fraser	35.6	21.9	83.0	21.9	49.3	52.1	60.3	38.4	60.3	44.8
Simon Fraser	37.5	56.3	68.8	71.9	50.0	50.0	59.4	62.5	87.5	60.4
Coast/North Shore	156.3	162.5	168.8	168.8	156.3	93.8	87.5	181.3	150.0	147.3
Central/Upper Island	228.3	254.3	276.1	208.7	276.1	245.7	237.0	223.9	245.7	244.0
North	215.2	201.0	190.9	176.6	176.6	176.6	160.4	166.5	157.4	180.1
Vancouver/Richmond	134.1	134.1	131.7	92.7	131.7	117.1	78.0	92.7	78.0	110.0
Capital	109.1	120.0	90.9	98.2	83.6	149.1	116.4	130.9	80.0	108.7
British Columbia	140.1	141.9	144.3	130.3	137.7	137.0	122.2	125.0	122.0	133.4
Coefficient of Variation (CV)*	49.0%	48.4%	46.6%	47.2%	49.7%	47.0%	48.6%	52.6%	48.3%	

Source: British Columbia Vital Statistics Agency, unpublished table prepared in March 2000. Uncoded cases are not included.

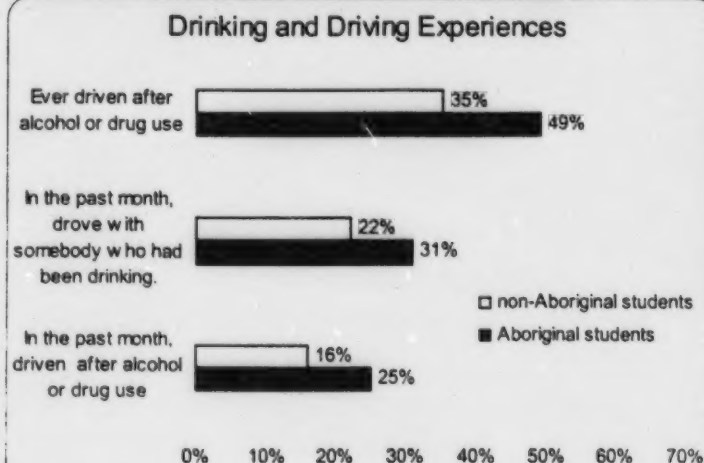
* Coefficient of Variation is a measure of how different the regions are from the provincial averages. It allows us to monitor the regional differences concerning the indicator concerned.

- Data represent the rate of live births to SI teenage mothers aged 15-19 per 1,000 age specific female population in the regions between 1990 and 1998.
- The SI female age-specific data used to compute the rates is based on the 1996 Census.
- Live births to SI teenage mothers (aged 15-19) in British Columbia have experienced a steady drop over the period of 1990-1998 from 140 per 1,000 aboriginal female population to 122.
- C.V. measures indicate that the differences in the Live Births by Mothers Age 15-19 rates among the regions have remain unchanged over the reported time period.
- The highest rates are in the North and Central Upper Island regions. The lowest are in the Kootenays, and South Fraser regions.

Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Objective: To Reduce Substance Abuse by Children and Youth

Drinking and Driving Experiences (Figure 25)

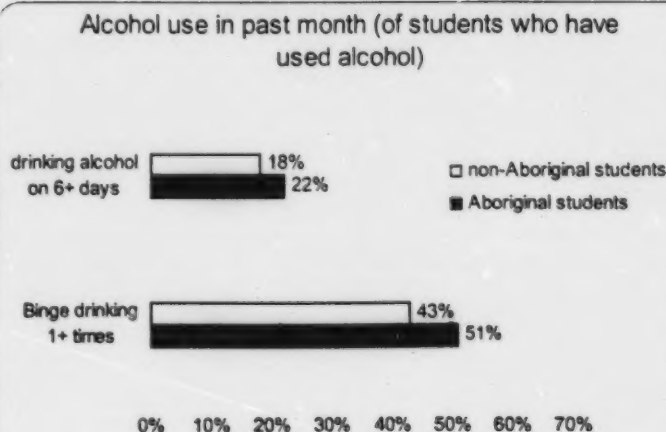


Source: Adolescent Health Survey (AHS), The McCreary Centre Society, 1998. Raven's Children: Aboriginal Youth Health in BC.

About one-half of Aboriginal youth with a valid driver's license reported that they had driven after using alcohol or drugs compared with 35% for non-Aboriginal students. A significant percentage (25%) had done so in the past month (versus 16% for non-Aboriginal students). In addition, nearly one-third of Aboriginal youth said they had ridden with a drinking driver in the past month.

Student Alcohol Uses (Figure 26)

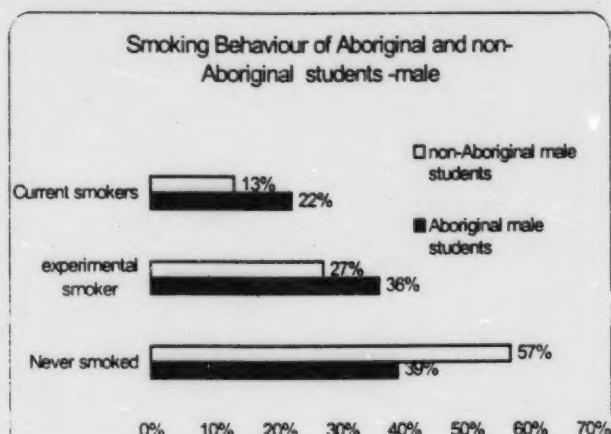
Figure 26 represents alcohol use in the past month in terms of frequency and amount. Alcohol use is higher for Aboriginal than non-Aboriginal students. Of all Aboriginal students who have ever used alcohol, 22% (versus 18% for the non-Aboriginal) drank alcohol on more than six days within the last month and 51% (versus 43% for the non-Aboriginal) engaged in binge drinking. Binge drinking was defined in the survey questionnaire as having five or more drinks of alcohol within a couple of hours.



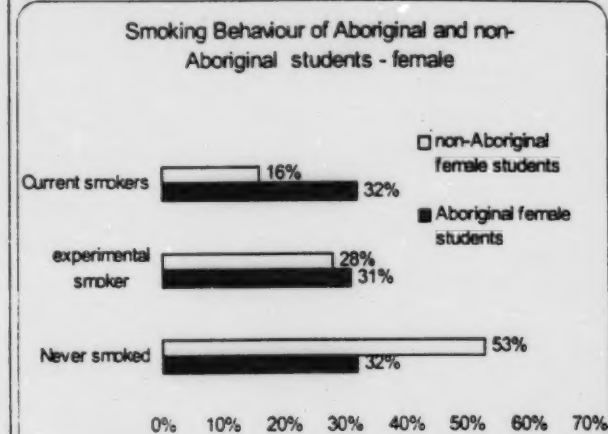
Source: Adolescent Health Survey (AHS), The McCreary Centre Society, 1998. Raven's Children: Aboriginal Youth Health in BC.

Goal 1. To Promote the Healthy Development of Children, Youth and Families—Key Findings

Smoking Behavior of Aboriginal and non- Aboriginal students (Figure 27)



Source: Adolescent Health Survey (AHS), The McCreary Centre Society, 1998. Raven's Children: Aboriginal Youth

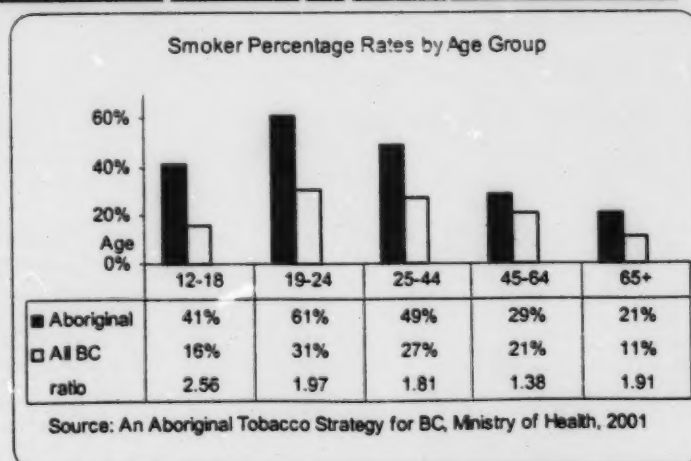


Source: Adolescent Health Survey (AHS), The McCreary Centre Society, 1998. Raven's Children: Aboriginal Youth

Aboriginal youth are more likely to smoke tobacco than their non-Aboriginal peers. About a third (32%) of females and 22% of male Aboriginal students are current or regular cigarette smokers, compared with 16% for non-Aboriginal females and 13% for males. Thirty-five percent of Aboriginal students have never smoked cigarettes, compared with 56% of non-Aboriginal youth; 33% have or are currently experimenting with cigarette smoking. Experimenting with cigarette smoking means having smoked a whole cigarette but less than 100 cigarettes.

Smoker Percentage Rates by Age Group-Status (Figure 28)

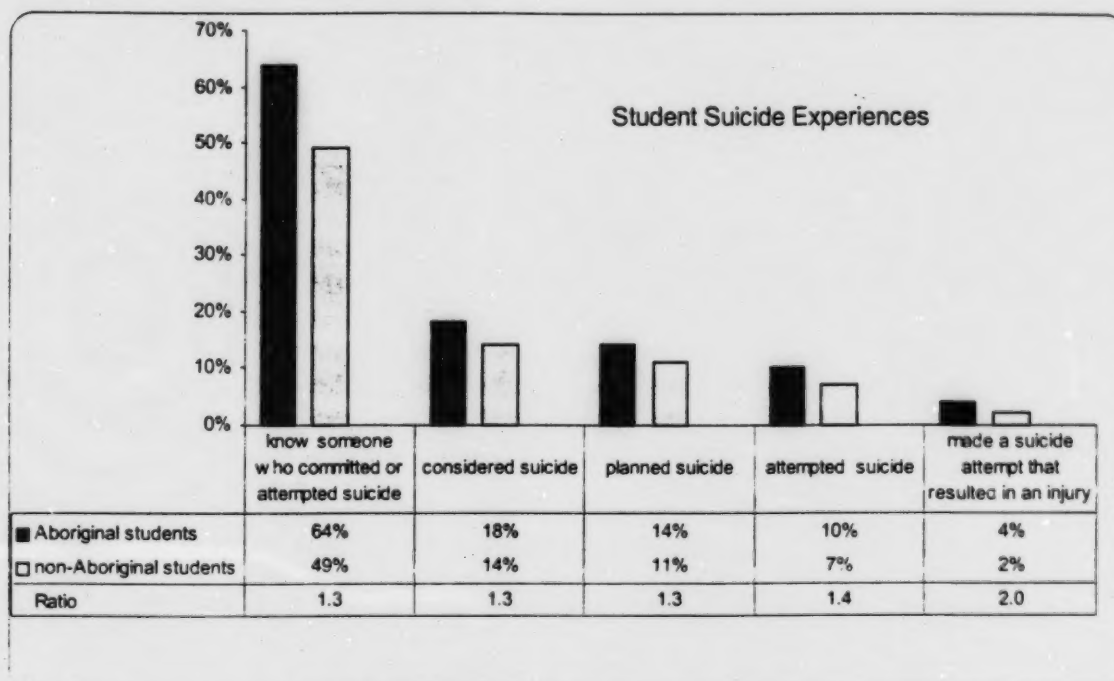
The 1997 Angus Reid Survey of Tobacco Use in British Columbia reported by the Ministry of Health indicates significantly higher rates of tobacco use for Aboriginal people compared to the general population in British Columbia. Youth aged 12-18 years of age has the highest Aboriginal to general population tobacco use ratio in British Columbia (2.56).



Goal 1: To Promote the Healthy Development of Children, Youth and Families—Key Findings

Objective: To Reduce Suicide by Children and Youth

Student Suicide Experiences (Figure 29)



Source: Adolescent Health Survey (AHS), The McCreary Centre Society, 2000. Raven's Children: Aboriginal Youth Health in British Columbia.

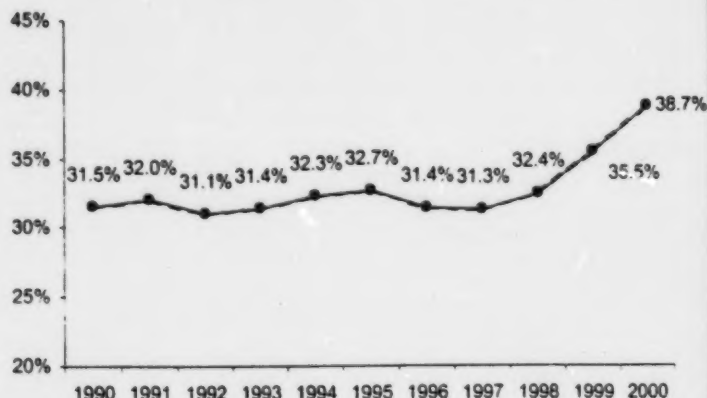
- Suicide, one of the leading causes of deaths among young people, has touched the lives of most Aboriginal youth. In all, 64 % of the Aboriginal youth in school responding to the survey state that they know personally someone who has committed or attempted suicide. In comparison, fewer than 50% of the non-Aboriginal students reported the same experience. Nearly one in five Aboriginal youth has considered suicide, and 10% have actually attempted suicide. These rates are higher than for non-Aboriginal students.

Goal 2: To Protect Children and Youth from Abuse, Neglect and Harm - Key Findings

Objective: To Reduce Abuse, Neglect and Harm of Children and Youth

Numbers of Aboriginal CICs as a Proportion of all CICs (Figure 30)

Numbers of Aboriginal CICs as Proportions of All CICs



Source: Program Management and Audit Branch, MCFD

Aboriginal children have over the years consistently comprised over one-third of total Children in Care (CIC) in British Columbia.

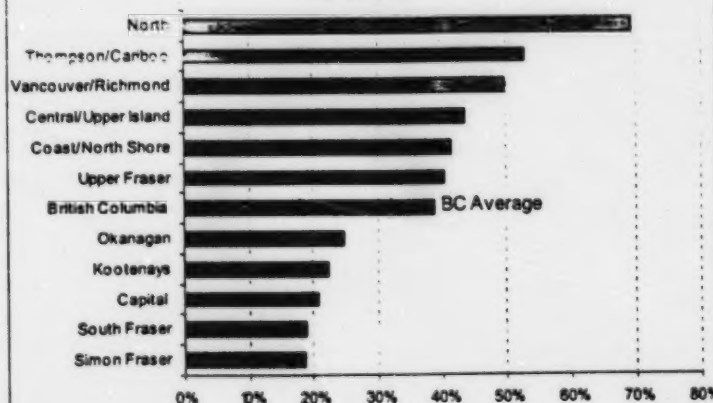
There are large increases in the Aboriginal rates of CICs in the last two years.

Preliminary research suggests that about one third of the increase is related to better recording by staff and two thirds reflects a real increase in Aboriginal CICs.

Aboriginal CIC's as % of Total Regional CIC's (Figure 31)

In March 2001, Aboriginal children accounted for nearly 40% of total CICs. However, regionally, the Aboriginal make-up of CIC differs considerably. The North, Thompson/Cariboo and Vancouver/Richmond Regions have the highest proportions of Aboriginal CICs (69%, 53%, 50%). The Capital, Simon Fraser and South Fraser are among the regions with the lowest Aboriginal CIC's (approximately 20%).

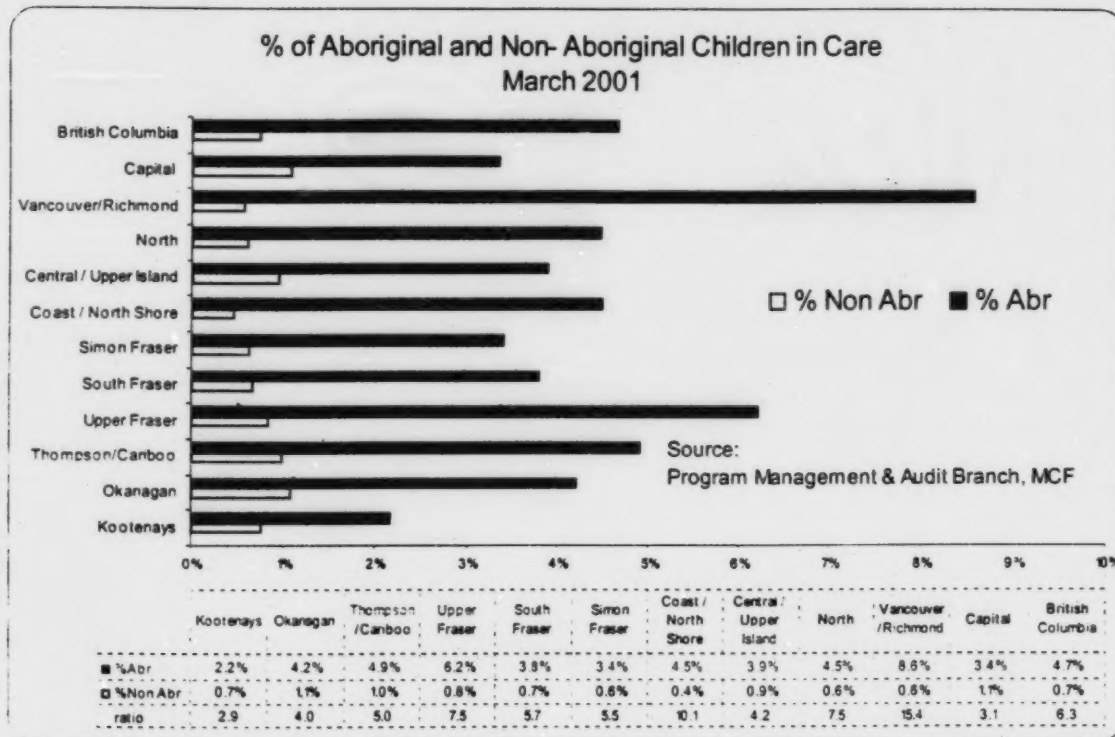
Aboriginal CIC's as % of total regional CIC's
March 2001



Source: Data Analysis & Research Branch, MCFD

Goal 2: To Protect Children and Youth from Abuse, Neglect and Harm - Key Findings

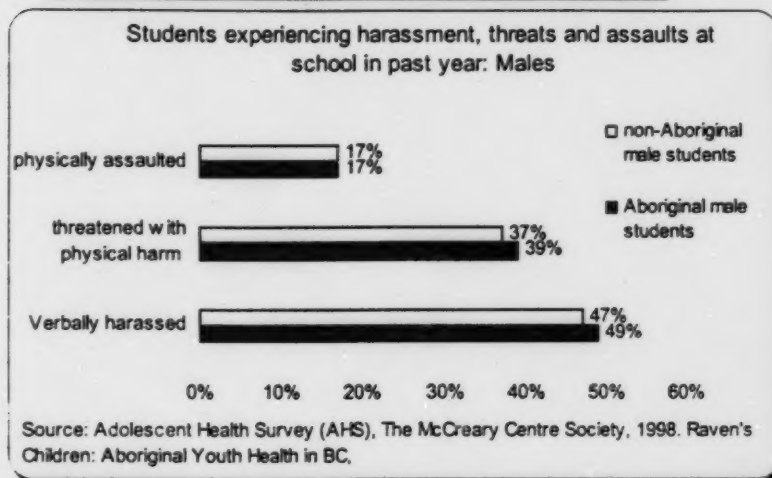
Children in Care in British Columbia child population (Figure 32)



- Provincially, 4.7% of Aboriginal children aged 0-18 were in government care in March 2001, as compared with 0.7% of non-Aboriginal children. Aboriginal children are 6.3 times more likely to be placed in government care than non-Aboriginal children.
- The greatest disparity is found in the Vancouver/Richmond Region. The percentage of children in care among the non-Aboriginal children (0.6%) is below the British Columbia average. However, the percentage of children in care among the Aboriginal children for the same region is the highest of all regions at 8.6%. This makes an Aboriginal child living in Vancouver/Richmond nearly 15 times more likely to be placed in government care than a non-Aboriginal child in the region.
- The same pattern holds true for Coast/North Shore region (4.5% vs. 0.4%), which makes an Aboriginal child living in Coast/North Shore 10 times more likely to be placed in the government care than a non-Aboriginal child.
- In general, Kootenays and Capital regions have the lowest ratios between the two groups.

Goal 2: To Protect Children and Youth from Abuse, Neglect and Harm - Key Findings

Male Students' Experience of Violence (Figure 33)

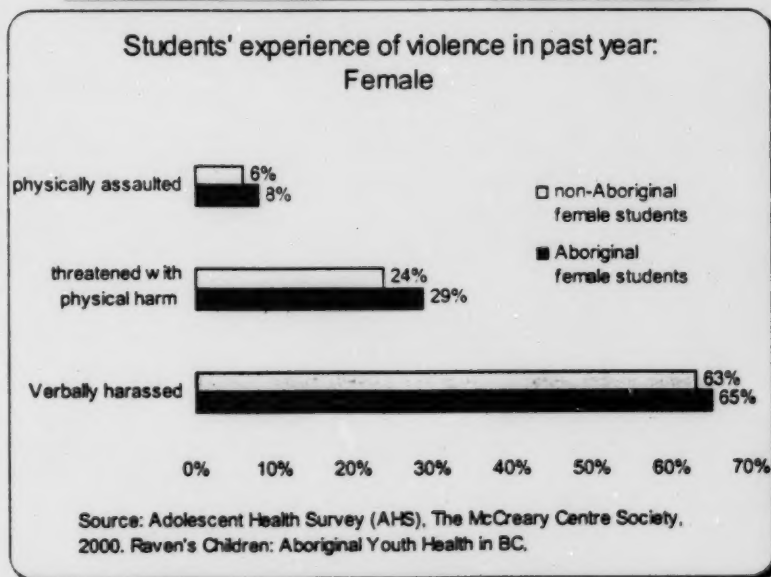


Nearly half of the Aboriginal male students reported being verbally harassed at school. In addition, nearly 40% of all male students experienced threats of physical harm. Both these are slightly higher than reported by the non-Aboriginal students. In all, 17% of both Aboriginal and non-Aboriginal students were physically assaulted at

school.

Female Students' Experience of Violence (Figure 34)

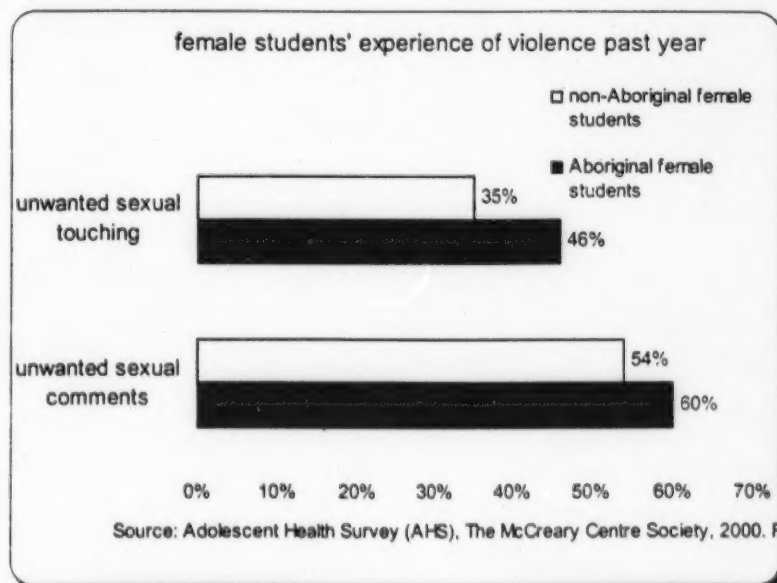
The majority of both Aboriginal and non-Aboriginal female students (65%, 63%) reported experiencing verbal abuse at school. In addition, female Aboriginal students were more likely to be threatened with physical harm (29%, 24%) or were physically assaulted (8%, 6%) than the non-Aboriginal female students.



Goal 2: To Protect Children and Youth from Abuse, Neglect and Harm - Key Findings

Female students' experience of sexual harassment in the past year (Figure 35)

The majority of Aboriginal female students (60%) experienced unwanted sexual comments at school compared to 54% among non-Aboriginal female students. In addition, nearly one-half of all female Aboriginal students experienced unwanted sexual touching, compared to one-thirds for the female non-Aboriginal students.



Goal 2: To Protect Children and Youth from Abuse, Neglect and Harm - Key Findings

Objective: To Reduce Unintentional Injury and Premature Death of Children and Youth

Motor Vehicle Accident Death Counts by Regions: (Table 9)

MVA death counts for SI children in British Columbia by year (1-18)										
Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	total
Kootenays	0	0	0	1	0	0	0	0	0	1
Okanagan	0	0	0	0	0	2	0	1	0	3
Thompson/Cariboo	1	1	0	3	3	2	4	1	1	16
Upper Fraser	2	1	0	0	2	0	1	0	0	6
South Fraser	0	0	0	2	0	0	0	0	0	2
Simon Fraser	0	0	0	0	0	0	1	0	0	1
Coast/North Shore	0	0	0	1	0	0	0	0	0	1
Central/Upper Island	4	0	1	2	3	1	0	4	0	15
North	9	0	0	1	3	1	1	1	3	19
Vancouver/Richmond	0	0	1	0	0	0	1	0	0	2
Capital	0	0	0	1	0	3	1	0	0	5
British Columbia	16	2	2	11	11	9	9	7	4	71

Source: British Columbia Vital Statistics Agency, unpublished table prepared in March 2000. Uncoded cases are not included.

- Data are raw counts of Aboriginal deaths due to motor vehicle accidents (aged 0-18) in the regions between 1990 and 1998.
- British Columbia overall has experienced a steady drop in the number of deaths due to motor vehicle accidents among SI children since 1994.
- Twenty-seven percent of the deaths occurred in the North, 23 % in Thompson/Cariboo and 21% in Central/Upper Island regions.

External Death Counts by Regions: (Table 10)

External death counts for SI children in British Columbia by year (1-18)										
Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	total
Kootenays	1	1	0	1	0	0	0	0	0	3
Okanagan	3	1	0	0	1	3	0	2	0	10
Thompson/Cariboo	3	2	2	5	5	6	8	2	4	37
Upper Fraser	2	3	1	0	3	0	1	1	0	11
South Fraser	0	0	0	2	0	0	0	0	0	2
Simon Fraser	1	1	0	0	0	1	1	0	0	4
Coast/North Shore	1	0	1	1	0	0	1	0	1	5
Central/Upper Island	6	4	3	8	6	5	4	9	2	47
North	13	5	7	5	5	4	2	4	5	50
Vancouver/Richmond	0	0	1	4	0	0	2	1	0	8
Capital	1	4	0	2	0	3	2	0	2	14
British Columbia	31	21	15	28	20	22	21	19	14	191

Source: British Columbia Vital Statistics Agency, unpublished table prepared in March 2000. Uncoded cases are not included.

Goal 2: To Protect Children and Youth from Abuse, Neglect and Harm - Key Findings

- Data are raw counts of deaths for SI children (aged 0-18) due to external causes in the regions between 1990 and 1998. Deaths from external causes include motor vehicle traffic accident fatalities, accidental deaths from drowning, poisoning, falls, fire, and deaths from intentional injuries such as suicide and homicide.
- Twenty-six percent of deaths occurred in the North, 25% in Central/Upper Island and 19% in Thompson/Cariboo regions.
- British Columbia overall has experienced a steady drop in the number of deaths due to external causes among SI children over the reporting period.

Child Mortality Counts By Year by Region (Table 11)

Mortality counts for SI children in British Columbia by year (0-18)												
Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	Total
Kootenays	3	2	0	1	0	2	1	0	1	1	1	12
Okanagan	4	4	0	4	3	2	3	3	0	3	4	30
Thompson/Cariboo	9	8	4	6	8	10	12	8	6	6	3	80
Upper Fraser	3	8	6	3	6	3	3	3	2	0	1	38
South Fraser	2	1	0	3	1	1	3	0	0	2	1	14
Simon Fraser	2	1	3	0	4	4	2	2	1	1	0	20
Coast/North Shore	2	1	2	2	2	2	2	2	1	1	0	17
Central/Upper Island	22	13	18	26	17	16	18	12	8	11	8	169
North	22	21	18	14	11	15	7	15	11	10	12	156
Vancouver/Richmond	9	5	11	5	4	6	4	9	0	4	1	58
Capital	1	7	6	4	2	7	5	2	5	4	2	45
British Columbia	80	73	69	68	58	68	60	56	35	43	33	643

Source: British Columbia Vital Statistics Agency, unpublished table prepared in May 2001.

- Data represent total raw counts of deaths among Aboriginal children (aged 0-18) in the regions between 1990 and 2000.
- Twenty-six percent of deaths occurred in Central/Upper Island, 24% in the North, and 12% in Thompson/Cariboo regions.
- Total raw counts of deaths among Aboriginal children (aged 0-18) have dropped by more than half between 1990 and 2000, though 1990 appears to be an anomalous high.

Goal 2: To Protect Children and Youth from Abuse, Neglect and Harm - Key Findings

Mortality Counts For Children Aged 15-18 By Region (Table 12)

Mortality counts for SI children (15-18) in British Columbia by year												
Regions	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	Total
Kootenays	1	0	0	1	0	0	0	0	0	1	0	3
Okanagan	1	1	0	0	0	2	0	2	0	0	2	8
Thompson/Cariboo	3	2	1	3	5	4	7	3	4	4	2	38
Upper Fraser	2	2	2	0	0	0	1	0	0	0	0	7
South Fraser	0	0	0	2	0	0	0	0	0	0	1	3
Simon Fraser	2	1	0	0	0	1	1	0	0	1	0	6
Coast/North Shore	0	0	1	0	0	0	0	1	0	0	0	2
Central/Upper Island	4	3	3	5	4	0	3	4	2	3	4	35
North	5	3	2	3	4	2	1	3	3	1	6	33
Vancouver/Richmond	0	0	1	3	0	0	1	0	0	2	0	7
Capital	0	2	0	1	0	3	0	0	2	2	2	12
British Columbia	18	14	10	18	13	12	14	13	11	14	17	154

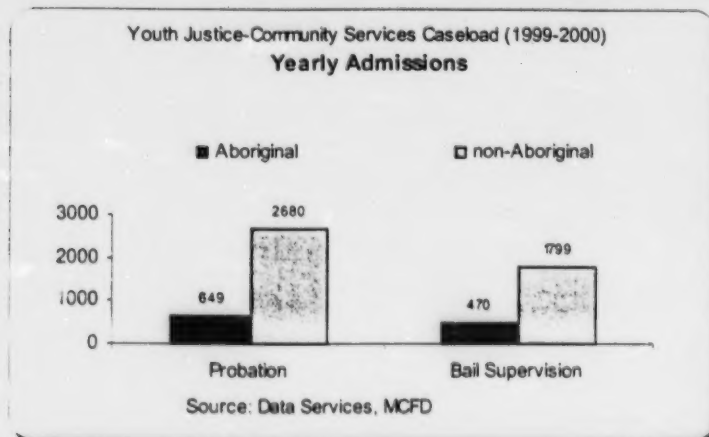
Source: British Columbia Vital Statistics Agency, unpublished table prepared in May 2001.

- Data represent total raw mortality counts among SI youth (aged 15-18) in the regions between 1990 and 2000. Cross-region comparisons are strongly cautioned against due to the uneven distribution of the SI across the province.
- 24% of deaths occurred in Thompson/Cariboo, 23% in Central/Upper Island and 21% in the North region.
- Total raw mortality counts among SI youth (aged 15-18) have dropped slightly between 1990 and 1998, with a slight increase occurring in the past two years.

Goal 4: To Protect Public Safety – Key Findings

Objective: To Reduce Youth Involvement In Crime

Youth Justice-Community Services Caseload -Yearly Admissions (Figure 36)



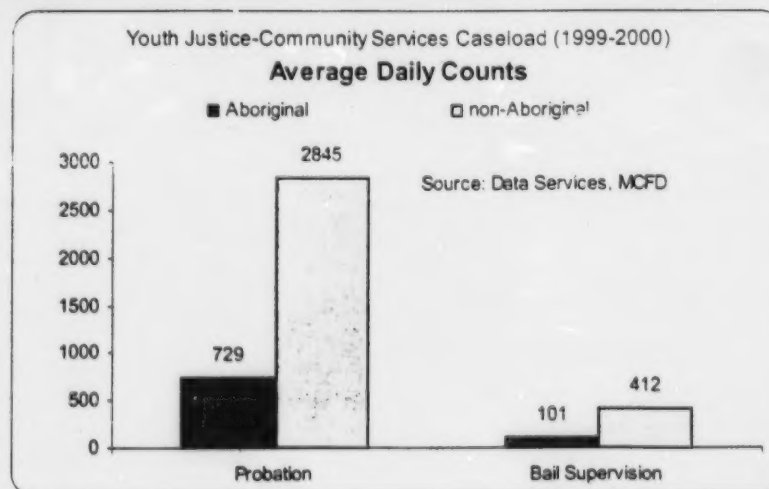
Community Admission refers to the admittance of a youth with a custodial order, which is being served in a specialized community-based program. The numbers represent transactions entering the system rather than distinct individuals. Considering roughly 9% of all children and youths in British Columbia are aboriginal, Aboriginal youth are over-represented in both Probation and Bail Supervision admissions (about 20%).

Probation: A *Young Offenders Act* community disposition. The young offender is supervised in the community for a specific period of time. The Probation Order contains conditions specified by the court which the youth must fulfil. Failure to do so may result in a new charge being laid

Bail Supervision: A supervision program for youth charged with an offence, but have met the provisions of the *Bail Reform Act* and is supervised in the community until such time as the court makes a disposition.

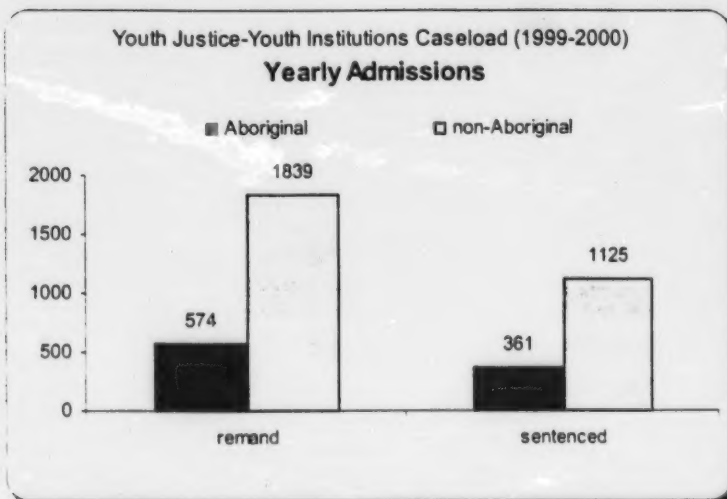
Youth Justice-Community Services Caseload -Average Daily Counts (Figure 37)

Average Daily Counts refer to the number of persons in the category represented on any given day for the period specified. The average daily counts for Aboriginal youth account for around 20% in both Probation and Bail Supervision, which is more than twice the proportion of Aboriginal youth in the total youth population.



Goal 4: To Protect Public Safety – Key Findings

Youth Justice-Institutions Caseload -Yearly Admissions (Figure 38)



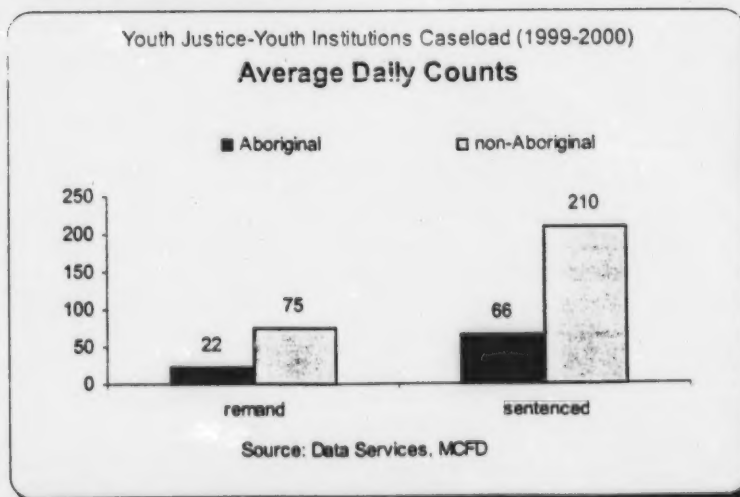
Youth Institutions refer to a Youth Custody Center, pursuant to the *Young Offenders Act*. These can be places of Secure or Open custody. Aboriginal youth are over-represented in both Remand and Sentenced Categories. Aboriginal youth accounted for nearly a quarter (24%) of all Remand and Sentenced Admissions recorded in the fiscal year 1999/00, compared to only 9% of Aboriginal youth in the total youth population.

Remand: pre or post adjudication hold in custody prior to a disposition.

Sentenced: a term of supervision defined by the court, which may be served in the community, institution, or both.

Year Justice-Youth Institutions Caseload- Average Daily Counts (Figure 39)

Aboriginal youth are over-represented in the average daily custody of Remand and Sentenced caseloads. The average daily counts for Aboriginal youth account for around 23% of Remand cases and 24% for Sentenced category



Influences On the Health and the Well-Being of BC Aboriginal Children and Youth

Demographics

Aboriginal population accounts for approximately 4% of British Columbia's population

British Columbia Aboriginal Population (Table 13) 1996 census		
	British Columbia	% total British Columbia pop
Total Aboriginal population	139,655	3.8%
Non-Aboriginal population	3,550,100	96.2%
North American Indian single response	107,375	2.9%
Métis single response	25,575	0.7%
Inuit single response	740	0%
Multiple aboriginal responses	1,200	0%
Other Aboriginal response	4,765	0.1%

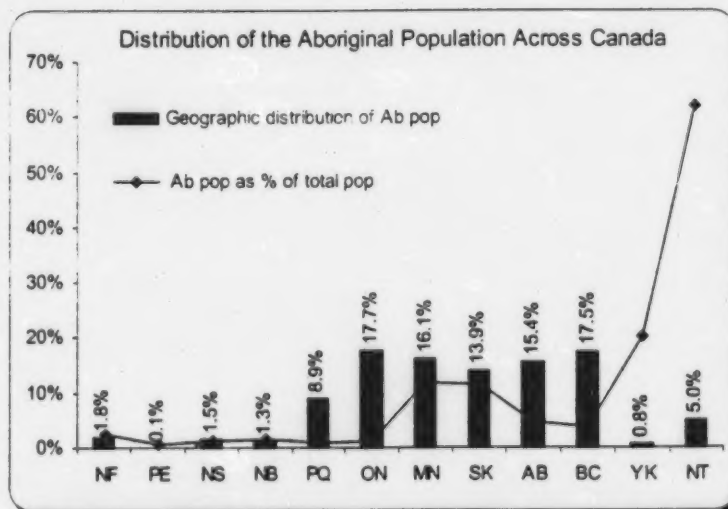
Table 13 indicates that the Aboriginal population accounted for 3.8 % of the entire BC population in 1996. (Note: Numbers under-represent the total British Columbia Aboriginal population due to the definition variation from 1991 Census.

Source: 1996 Census, Statistics Canada.

British Columbia has one of the highest numbers of Aboriginal peoples in Canada

Aboriginal Population Distribution by Province (Figure 40)

In figure 40, the bars represent the per cent distribution of the Aboriginal population across Canada. The line indicates aboriginal populations as percentages of total respective provincial populations. According to the 1996 Census, Aboriginal people are unevenly distributed across the country. The highest numbers of Canada's Aboriginal people reside in British Columbia and Ontario (approximately 18% respectively). While Aboriginal peoples account for 2.8% of total Canadian population, their presence in British Columbia is proportionally higher (3.8%).

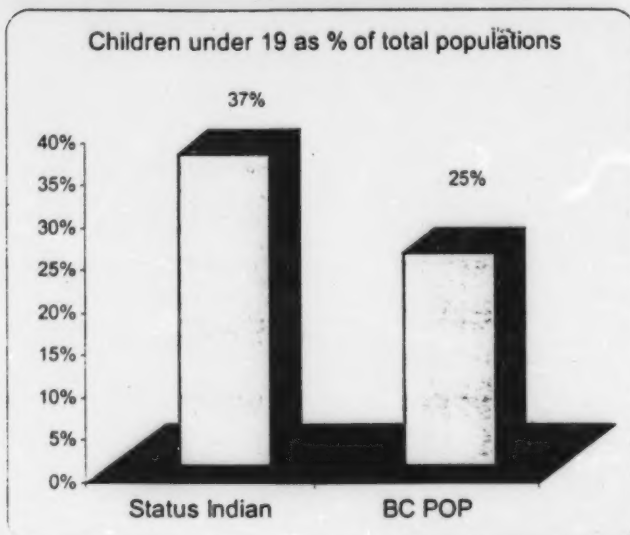


Source: 1996 Census, Statistics Canada 1998. Cat. No.11-001E

Influences On the Health and the Well-Being of BC Aboriginal Children and Youth

Of particular interest to MCFD is that the SI population is younger than other British Columbia residents. In 1998, the average age in the SI population was 28.3 years. This was more than 8 years younger than average age of 36.8 years for other British Columbia residents.

British Columbia SI Age Structure (Figure 41)



For British Columbia SI population, children and youth less than 19 years of age make up more than one-third of their population. In contrast, only one-quarter of the rest of British Columbia population are made up of the same age group.

Source:
Analysis of SI in British Columbia 1991-1998,
British Columbia Vital Statistics Agency

British Columbia SI Population Age

Distribution (Table 14)

Table 14 represents BC Status Indian distribution by age for 1996. For every age group under 40 years of age, SI proportionally exceeds the rest of BC Population. For age groups 40 years of age or older, the reverse is true.

Source:
Analysis of Status Indians in
British Columbia 1991-1998,
BC Vital Statistics Agency

(Years)	SI Population in British Columbia		Total Population in British Columbia		ratio
	#	%	#	%	
< 1	3,059	2.3%	42,941	1.1%	2.1
1-4	9,056	6.9%	184,722	4.8%	1.4
5-9	13,146	10%	243,240	6.3%	1.6
10-14	12,324	9.3%	249,388	6.4%	1.5
15-19	10,984	8.3%	254,398	6.6%	1.3
20-24	11,543	8.7%	252,152	6.5%	1.3
25-29	12,045	9.1%	281,904	7.3%	1.2
30-34	12,315	9.3%	309,060	8.0%	1.2
35-39	12,641	9.6%	342,718	8.8%	1.1
40-44	9,715	7.4%	329,204	8.5%	0.9
45-49	7,539	5.7%	295,706	7.6%	0.8
50-54	5,457	4.1%	245,579	6.3%	0.7
55-59	3,841	2.9%	185,971	4.8%	0.6
60-64	2,818	2.1%	157,276	4.1%	0.5
65-69	2,128	1.6%	149,297	3.9%	0.4
70-74	1,397	1.1%	129,899	3.3%	0.3
75+	2,073	1.6%	224,386	5.8%	0.3
	132,081	100%	3,877,841	100%	

Influences On the Health and the Well-Being of BC Aboriginal Children and Youth

Aboriginal Population by Region (Table 15)

	1996 ¹			2000 ²		
	0-18 year-olds	Total AB Pop	%	0-18 year-olds	Total AB Pop	%
Kootenays	3,285	7,285	45.1%	3810	8744	43.6%
Okanagan	5,638	13,754	41.0%	6,241	15,657	39.9%
Thompson/Cariboo	9,436	23,222	40.6%	10,276	25,779	39.9%
Upper Fraser	5,218	11,559	45.1%	5,864	13,270	44.2%
South Fraser	5,595	13,975	40.0%	7,406	17,941	41.3%
Burnaby/Simon Fraser	4,405	12,295	35.8%	4,872	14,372	33.9%
Coast/North Shore	3,456	9,012	38.3%	3,777	9,888	38.2%
Central/Upper Island	11,467	26,915	42.6%	12,264	29,464	41.6%
North	16,690	40,285	41.4%	17,648	43,828	40.3%
Vancouver/Richmond	4,589	16,996	27.0%	4,899	17,936	27.3%
Capital	4,762	12,268	38.8%	5,349	14,111	37.9%
British Columbia	74,541	187,566	39.7%	82,406	208,240	39.6%

Notes:

1. The numbers are based on responses to 1996 Census question #17 (see below), including estimates for those Aboriginal groups residing in British Columbia who declined participation in the 1996 Census.
2. Estimates for the year 2000 are based on the growth rates of *SI* for 1996-2000. Since *SI*, who accounts for approximately 65% of all British Columbia's aboriginal population, is the only aboriginal group whose population data is systematically available, these estimates assume that the population growth rate is similar for *non-Status Aboriginals*.

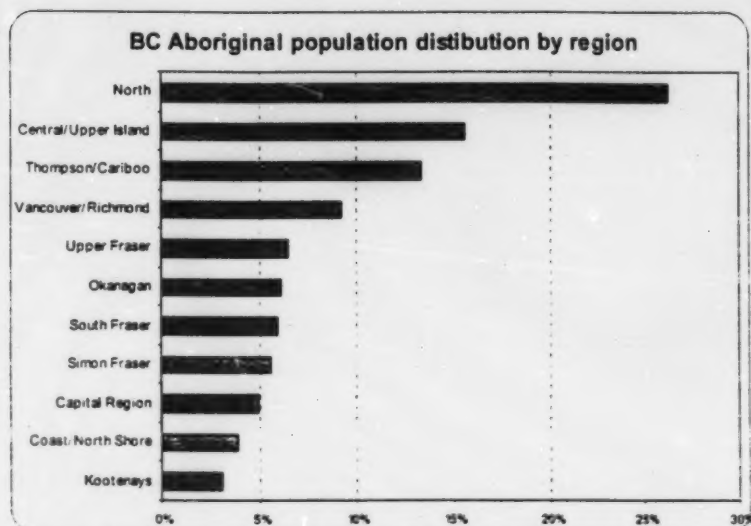
There is some variation in the Aboriginal population data published in British Columbia. Table 13 on the previous page is based on responses to 1996 Census questions 18, 20 and 21, which were more concerned with the Aboriginal identities than origins, and thus under-reported the actual Aboriginal population in British Columbia by about 40%. Because CF & CS Act incorporates the broadest definitions for what constitutes Aboriginal people (i.e. % of blood is not a determining factor), question 17, which is ancestry-based, in our opinion, more realistically captured the Aboriginal population in British Columbia in the 1996 Census.

1996 Census questions 17, 18, 20 and 21

- Q17 To which ethnic or cultural group(s) did this person's ancestors belong?
- Q18 Is this person an Aboriginal person, that is, North American Indian, Metis, or Inuit (Eskimo)?
- Q20 Is this person a member of an Indian Band/First Nation?
- Q21 Is this person a Treaty Indian or a Registered Indian as defined by the Indian Act of Canada?

Influences On the Health and the Well-Being of BC Aboriginal Children and Youth

Aboriginal Population Distributions by Region (Figure 42)

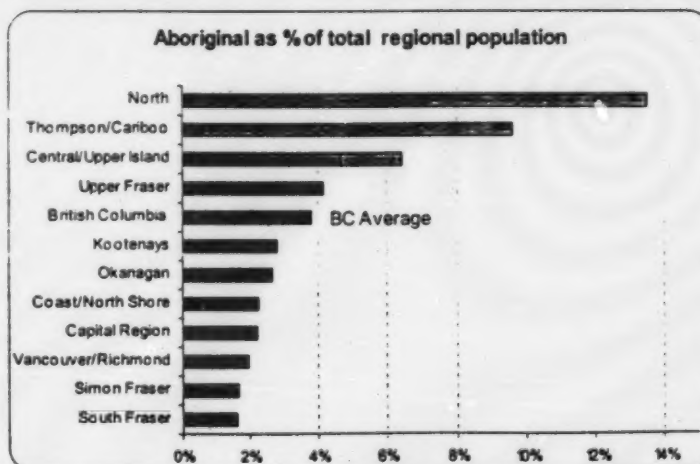


Source: 1996 Census, Statistics Canada. Data acquired from Health Data Warehouse, BC Ministry of Health in September

The Aboriginal population of the province is unevenly distributed across the regions. Over 55% of British Columbia's Aboriginal people live in three of the 11 regions: North, Central/Upper Island and Thompson/Cariboo regions. On the other hand, the Kootenays and Coast/North Shore are the two regions that are least populated by the Aboriginal people. Together these two regions account for less than 7% of British Columbia's Aboriginal population.

Aboriginal as % of total regional population (Figure 43)

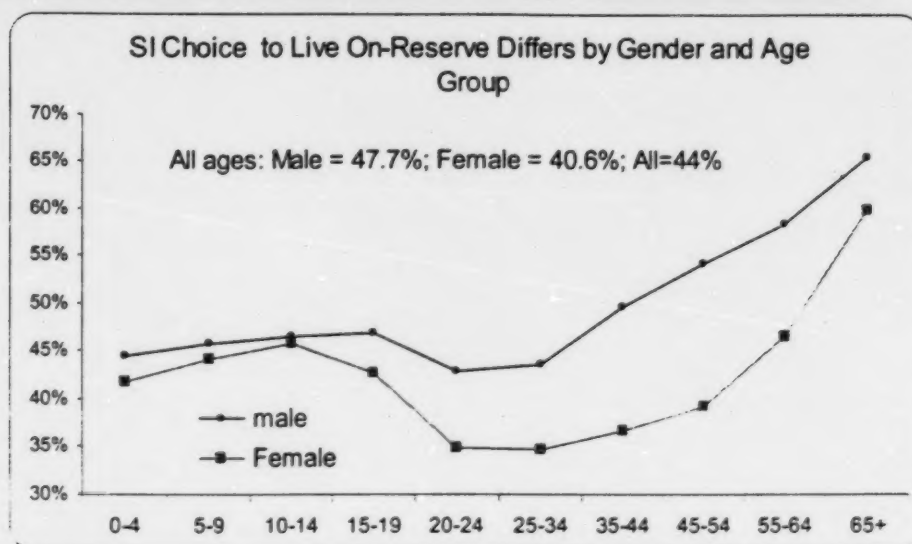
The percentages of Aboriginal population differs across the 11 regions. Four regions are above the provincial rate of 3.8% (North 13.5%; Thompson / Cariboo 9.6%; Central/Upper Island 6.4% Upper Fraser 4.1%). On the other hand, South Fraser, Simon Fraser and Vancouver/Richmond regions have the lowest proportions of Aboriginal peoples in their regional populations.



Source: 1996 Census, Statistics Canada. Data acquired from Health Data Warehouse, British Columbia Ministry of Health in September

Influences On the Health and the Well-Being of BC Aboriginal Children and Youth

Choice to Live On-Reserve Differs by Gender and Age Group (Figure 44)

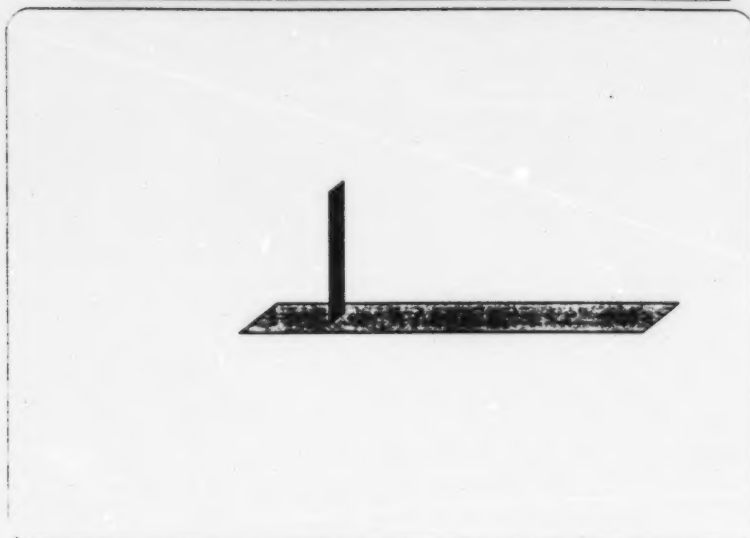


Source: British Columbia Stats. (1998) Focus on British Columbia Aboriginals: Living On-Reserve Off-Reserve.

- Figure 44 represents the Status Indian's physical connectedness with the Aboriginal communities. Overall, 44% of all SIs live on the reserve in 1996 (British Columbia Stats, 1998).
- SI women are less likely to live on reserve than SI men (40.6% vs. 47.7%), particularly in the child-bearing /rearing years. This difference could possibly be explained by the inter-marriage of SI with other ethnic population. One probable explanation is that the male's living style is usually adopted by a new couple, when SI women who live on-reserve and marry a man off-reserve, they would tend to move off-reserve, whereas on-reserve men would likely stay.
- The difference in the on-reserve rate by age group has many stories to tell:
 - Older generation are more likely to live on reserve than their children's generation,
 - Young Adults (age 20-34) are most likely to live off-reserve,
 - Young girls start to move off-reserve in their teens, and boys wait until their twenties,
 - A higher proportion of young children live on reserve than do women in their child-bearing/rearing years. This could indicate that family size is larger on-reserve than off-reserve among SIs, and
 - As both SI men and women reach their 50s, they are inclined to move back to their reserve.

Influences On the Health and the Well-Being of BC Aboriginal Children and Youth

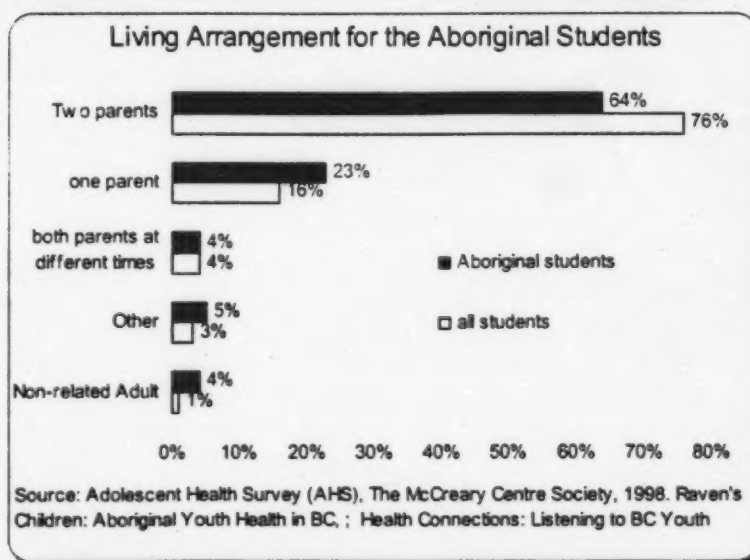
Life Expectancy-SI vs General Population (Figure 45)



In general Aboriginal people have 12 years less life expectancy than the population overall. Males have 12.3 fewer years of life expectancy and females have 11.7 fewer years of life.

Figure 45 represents the living arrangement for the Aboriginal Students found in the Adolescent Health Survey. There appear to be more youths living in single-parent families among Aboriginal youths than the provincial average with about two-thirds of Aboriginal youth who participated in the survey living with two parents families, compared with 76% of Non-Aboriginal students.

Living Arrangement for the Aboriginal Students (Figure 46)



Ministry Home

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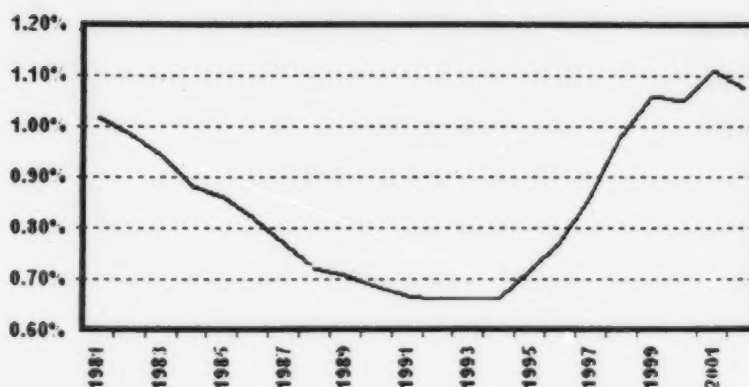
budget

Statistics

Vulnerable Children

The percentage of children in care in British Columbia declined steadily from 1981 to 1995, when the Children, Family and Community Service Act was introduced. It has risen sharply since then, and is now well above the national average. (Other data on children in care, foster homes and youth services)

Children and Youth in Care
British Columbia 1981 - 2000
(Percent of Total Youth Population)



The average for all Canadian provinces in 2000-01 was 0.92%.



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Youth Justice

The number of young people in youth custody centres continued to decline in April, continuing a trend that started in 1995. The per capita rate of youth incarceration for the year to date is down 38.0 per cent from 1994. (Other data on youth justice)

The number of youth in justice institutions, compared to the youth population (per capita rate) has been decreasing since 1994.

Issues

[Vulnerable Children](#)

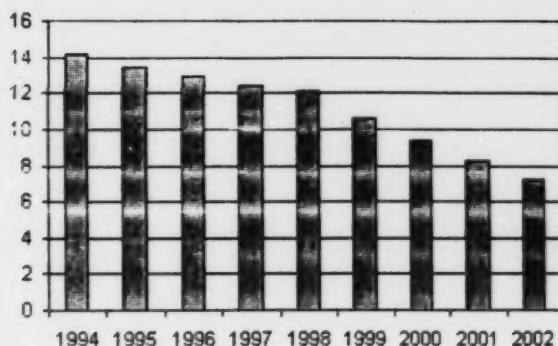
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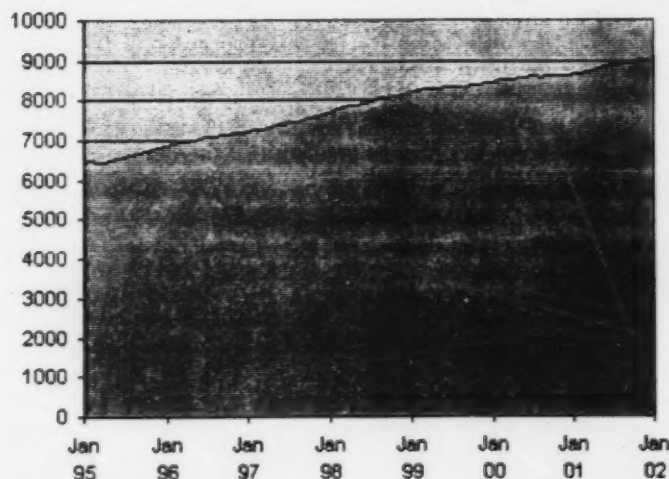
(per 10,000 pop)


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Community Living

The number of adults with developmental disabilities receiving ministry-funded community living services reached 9,143 in April, up 4.6 per cent from last year and up 41.8 per cent since January 1995. ([Other data on Community Living Services](#))

The number of Community Living Service clients has risen since 1994


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Updated: May 24, 2002

Updated: May 24, 2002